

STATE OF MINNESOTA DEPARTMENT OF TRANSPORTATION
Roadside Safety Product Evaluation Application

Date

Manufacturer Information

Company Name

Phone Number

Street Address

Email Address

Distributor Information

Company Name

Phone Number

Street Address

Email Address

Product Name and Model

- General Use Category (Check applicable)
- | | |
|---|--|
| <input type="checkbox"/> Crash Cushions | <input type="checkbox"/> Longitudinal Barriers |
| <input type="checkbox"/> End Treatments | <input type="checkbox"/> Miscellaneous |

Specific Use

Has this product, or one similar to it been submitted previously to MnDOT? Yes No

If Yes, Explain

Completed application forms and accompanying information are to be sent to:

MnDOT, Design Standards
395 John Ireland Boulevard., Mail Stop 696
Attn: Michelle Moser

Email: Michelle.Moser@state.mn.us

ROADSIDE SAFETY PRODUCTS

1. Does this product have a listing? Yes No

If Yes, by what organizations?

2. Has this product been evaluated by an independent testing facility? Yes No

If Yes, provide test results

3. If an electrical product, what is the voltage rating?

4. Are samples available for evaluation by Mn/DOT? Yes No

5. Are there hazardous materials associated with the use of this product? Yes No

If Yes, provide material safety data sheet

6. Summarize the manufacturer's capacity for making this product

7. Is there a technical expert and/or service agency to handle repairs, warranty issues? Yes No

If Yes, provide name, address, phone number, email

8. Provide references of government agencies using your product (If more than three, please attach)

Government Reference: Agency Name
Contact Person
Phone E-mail

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Contact Person
Phone E-mail

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