



**MINNESOTA DEPARTMENT OF TRANSPORTATION**  
Traffic Safety Product Evaluation Application for Lighting and Signals

Date

**Manufacturer Information**

Company Name <input type="text"/>	Phone Number <input type="text"/>
Street Address <input type="text"/>	Email Address <input type="text"/>

**Distributor Information**

Company Name <input type="text"/>	Phone Number <input type="text"/>
Street Address <input type="text"/>	Email Address <input type="text"/>

Product Name and Model

General Use Category  Lighting  Signals

Specific Use

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

If yes, please explain

Please send completed application forms and accompanying information to:

Office of Traffic Engineering,  
1500 W County Rd B2, Mail Stop 725,  
Roseville, MN 55113  
Attn: Tiffany Kautz  
Email: [tiffany.kautz@state.mn.us](mailto:tiffany.kautz@state.mn.us)

All information submitted as part of the application process will be considered public data. Do not submit trade secret information.

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 ratings?

4. Are samples available for evaluation by MnDOT?  Yes  No

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

**If yes, provide Safety Data Sheet (SDS)**

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)

Agency Name

Contact Name

Phone  Email

Agency Name

Contact Name

Phone  Email

Agency Name

Contact Name

Phone  Email