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)
- Crash Cushions
- Longitudinal Barriers
- End Treatments
- 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

   □ Government Reference:  Agency Name
   Contact Person
   Phone  E-mail

   □ Government Reference:  Agency Name
   Contact Person
   Phone  E-mail