



APPROVED PRODUCTS LIST PRODUCT EVALUATION REQUEST FORM

**MATERIALS TESTING AND RESEARCH BRANCH
2530 Likelike Highway
Honolulu, Hawaii 96819-2928**

SUBMITTED BY	Name:		
	Company/Agency:		
	Address:		
	Address:		
	City:	State:	Zip code:
	Phone:	Fax:	
	e-mail:		
	PRODUCT	HDOT specification number and description:	
Brand Product Name:			
Brand Product Description:			
Intended uses:			
Date Product First Introduced:			
Meets Specifications (Check all that apply)		<input type="checkbox"/> ASTM (please specify):	
		<input type="checkbox"/> AASHTO (please specify):	
		<input type="checkbox"/> HDOT (please specify):	
		<input type="checkbox"/> Other (please specify):	
Attachments (Check all that apply)		<input type="checkbox"/> Physical Sample	
		<input type="checkbox"/> Relevant HDOT Specification (required)	
	<input type="checkbox"/> Quality Control Plan		
	<input type="checkbox"/> Quality Control Test Report		
	<input type="checkbox"/> HDOT MTRB Test Data		
	<input type="checkbox"/> Independent Lab Test Data		
	<input type="checkbox"/> Product Literature (please specify):		

PRODUCT (Continued)	Attachments (Continued)	<input type="checkbox"/> Other (please specify):	
MANUFACTURER	Name:		
	Company:		
	Address:		
	Address:		
	City:	State:	Zip code:
	Phone:	Fax:	
	e-mail:		
HDOT USE ONLY			
Lead Section:			
Received by:			Date: