



APPROVED PRODUCTS LIST PRODUCT EVALUATION REQUEST FORM

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

Resubmittal (for APL renewal)

New Submittal

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"/> NTPEP (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: