

NOTICE: If you are using Adobe Reader, you will not be able to save the completed form. To retain a record, print it using the Print Form button.

**STATE OF MINNESOTA DEPARTMENT OF TRANSPORTATION**  
Traffic Management Systems

Manufacturer Information

Date

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)

Lighting

Work Zone

Signing

Pavement Markings

Traffic Management Center

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:

Regional Traffic Management Center  
1500 W. County Rd. B2  
Roseville, MN 55113  
Attn: Ralph Adair

Email: [ralph.adair@state.mn.us](mailto:ralph.adair@state.mn.us)

## TRAFFIC MANAGEMENT SYSTEMS

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 MnDOT?  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