**INSTRUCTIONS:** To fill out the form via word document, double click each gray box twice before typing.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. APPLICANT INFORMATION:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Company Name: | | |  | | | | | | | | | | | |
| Contact Information: | | | | | | | | | | | | | | |
| Last Name: | | |  | | | | | First Name: | |  | | | | |
| Street Name: | | |  | | | | | City Name: | |  | | | | |
| State: | | |  | | | | | Zip Code: | |  | | | | |
| Phone: | | |  | | | | | Email: | |  | | | | |
| **II. PRODUCT INFORMATION:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Product Type: | | | |  | | | | | | | | | | |
| Other (If not in dropdown): | | | |  | | | | | | | | | | |
| Product Name: | | | |  | | | | | | | | | | |
| Model Number: | | | |  | | | | | | | | | | |
| Product Description: | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **III. TECHNICAL CONTACT INFORMATION:** | | | | | | | | | | | | | | |
| *Check this box if Section I is identical to section III; if not, complete section III below.* | | | | | | | | | | | | | | |
| Manufacturer Name: | | | |  | | | | | | | | | | |
| Website: | | | |  | | | | | | | | | | |
| Contact Information: | | | | | | | | | | | | | | |
| Last Name: | | |  | | | | | First Name: | |  | | | | |
| Street Name: | | |  | | | | | City Name: | |  | | | | |
| State: | | |  | | | | | Zip Code: | |  | | | | |
| Phone: | | |  | | | | | Email: | |  | | | | |
|  | | | | | | | | | | | | | | |
| **IV. CONFORMANCE TO VDOT PRE-APPROVAL REQUIREMENTS:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Requirement | | | | | | Spec/Standard | | | | | | | Conformance (Yes/No)? | |
| Applicable R&B Specification(s) | | | | | |  | | | | | | |  | |
| * Section | | | | | |  | | | | | | | Choose an item. | |
| * Section | | | | | |  | | | | | | | Choose an item. | |
| Applicable R&B Standard(s) | | | | | |  | | | | | | |  | |
| * Standard | | | | | |  | | | | | | | Choose an item. | |
| * Standard | | | | | |  | | | | | | | Choose an item. | |
| Applicable MASH Requirements   * Standard       Choose an item. | | | | | | | | | | | | | | |
| Product Specific Requirements: <http://www.virginiadot.org/business/trafficeng-productlists.asp> | | | | | | | | | | | | | | |
| Current VDOT R&B Specifications and Standards are available at: | | | | | | | | | | | | | | |
| Specification: | | <http://www.virginiadot.org/business/const/spec-default.asp> | | | | | | | | | | | | |
| Standard: | | <http://www.virginiadot.org/business/locdes/2008_road_and_bridge_standards.asp> | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **V. ADDITIONAL INFORMATION:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| * Will this product replace an existing approved product on Pre-Approved List | | | | | | | | | | | | | | Choose an item. |
| If yes, provide existing product’s name and code number: | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| * Has this product been previously reviewed or approved by VDOT? | | | | | | | | | | | | | | Choose an item. |
| If yes, provide the following: | | | | | | | | | | | | | | |
| * + Previous Application Number (if available): | | | | | | | | | | |  | | | |
| * + Previous Pre-Approval Code (if available): | | | | | | | | | | |  | | | |
| * + Reason for Rejection/Rescission (if available): | | | | | | | | | | |  | | | |
| * Has this product been used in VDOT project? | | | | | | | | | | | Choose an item. | | | |
| If yes, provide Project UPC Number or Project Number: | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| List any other states for which this product has been approved or pre-approved for use: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| State | Contact Name | | | | | | Contact Email | | | | | Product Number/ID | | |
|  |  | | | | | |  | | | | |  | | |
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| In addition to this application, be sure to include: | | | | | | | | | | | | | | |
| * Catalog cuts (shop drawings) pertaining to this product | | | | | | | | | | | | | | |
| * Detailed installation instructions | | | | | | | | | | | | | | |
| * Any product limitations or precautions | | | | | | | | | | | | | | |
| * Product specific application requirements | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Please submit completed application electronically to [TCDPre-approvedlist@VDOT.Virginia.gov](mailto:TCDPre-approvedlist@VDOT.Virginia.gov) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| *By checking this box, the applicant hereby certifies that the submitted pre-approval product application meets the applicable VDOT specification/standard; and all information provided in the application submittal is complete and accurate.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Application Number: | | | | |  | | | | Date Received: | | | | Click here to enter a date. | |
| Reviewer (Full Name): | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Application Complete? | | | | | Choose an item. | | | | | | | | | |
| If no, provide the reason: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Meets Min. Requirements? | | | | | Choose an item. | | | | | | | | | |
| If no, provide the reason: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Evaluation Required? | | | | | Choose an item. | | | | | | | | | |
| If yes, SME to evaluate: | | | | | Choose an item. | | | | | | | | | |
| If other, provide info: | | | | |  | | | | | | | | | |