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

|  |
| --- |
| **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 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| 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 |
|  |
| [ ]  *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: |       |