



South Carolina Department of Transportation

Qualified Products List

Evaluation Form

SCDOT Qualified Product Policy Number:
Specification Revision Date:

General Information		
Company Name:		
Company is: <input type="checkbox"/> Designer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other		
Representative Name:		
Email:		Phone:
Address:		
City:		State: ZIP Code:
Product Information		
Manufacturer Name:		
Product Submitted:		
Product Identification Number:		
Outstanding Features or Advantages Claimed:		
General Composition of Product (Attach Laboratory Report if Applicable):		
Estimated Cost Per Unit: \$ _____		
I have read and reviewed all specifications pertaining to the product submitted for evaluation.		Initial:
I have verified that the product submitted for evaluation meets all applicable specifications.		Initial:
**Deviations from the required specifications must be listed here **		
The product submitted for evaluation does NOT meet the following specification[s] and for the following reason[s]:		

Product is approved for use by other government authorities or transportation agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Include at least three references (municipalities or states) for verification that the product submitted has been approved and supplied by this manufacturer. Information for each reference must be completed in full and must be current.</p>	
<p>Reference 1.</p> <p>City or State Supplied: _____</p> <p>Name of Contact: _____</p> <p>Phone Number of Contact: _____</p> <p>Email of Contact: _____</p> <p>Name of Product: _____</p> <p>Model Number of Product: _____</p>	
<p>Reference 2.</p> <p>City or State Supplied: _____</p> <p>Name of Contact: _____</p> <p>Phone Number of Contact: _____</p> <p>Email of Contact: _____</p> <p>Name of Product: _____</p> <p>Model Number of Product: _____</p>	
<p>Reference 3.</p> <p>City or State Supplied: _____</p> <p>Name of Contact: _____</p> <p>Phone Number of Contact: _____</p> <p>Email of Contact: _____</p> <p>Name of Product: _____</p> <p>Model Number of Product: _____</p>	
<p>When was this model of the product introduced on market?</p>	
<p>What product does it replace?</p>	

Warranty information (REQUIRED):

I have read and reviewed warranty terms stated in the materials specification for the submitted product.	Initial:
I have verified that the manufacturer of the product submitted agrees to comply with the warranty terms stated in the materials specification	Initial:
I have verified that all applicable design details and drawings necessary for complete evaluation of the product will be included with delivery if the product is accepted for further evaluation.	Initial:

Delivery Information

Return Shipping Preference (at Cost of Submitter) :

Notary Public Section

State of _____
 County of _____
 Before me this day personally appeared _____ who, being duly sworn, deposes and says:
 I, _____, attest that I have provided information on the attached document to be true, and complete to the best of my knowledge.
 Signature _____
 Sworn to and subscribed before me this _____ day of _____, 20____.

 (Name of Notary Public)

 (Signature of Notary Public)

 (Commission Expiration Date of Notary Public)

(seal)

Name of SCDOT Personnel Receiving Product:	Title:
Signature:	Date: