# SCDOT APPROVED PRODUCTS LIST FOR TRAFFIC CONTROL DEVICES IN WORK ZONES APPLICATION FORM

Complete a copy of this form for each product you wish to be added to the *Approved Products List for Traffic Control Devices in Work Zones* (APL). Each traffic control device must be evaluated prior to inclusion on the APL. For a traffic control device to be considered, its submittal package must include a product specification sheet, a product brochure, and a crashworthiness letter. For Category I Devices, the crashworthiness letter shall be a manufacturer self-certification letter certifying that the device meets the requirements of MASH; for Category II, III, and IV devices, the crashworthiness letter shall be a copy of the applicable FHWA acceptance letter along with a reputable crash test report. *If a company or product, without modification, has changed names, vendors, or manufacturers, email the work zone traffic control office and attach updated product literature when applicable.*

## I. APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| **MANUFACTURER:** ☐ | **VENDOR:** ☐ | | |
| **COMPANY NAME:** | | **WEBSITE:** | |
| **CONTACT NAME:** | | **DATE:** | |
| **STREET ADDRESS:** | | **CITY:** | |
| **STATE:** | | **ZIP CODE:** | |
| **PHONE:** | | **EMAIL:** | |

## II. MANUFACTURER CONTACT INFORMATION

☐ ***Check this box if Section I is completed by the manufacturer; if not, complete section II below.***

| | | | |
|---|---|---|---|
| **MANUFACTURER NAME:** | | | |
| **CONTACT NAME:** | | **WEBSITE:** | |
| **STREET ADDRESS:** | | **CITY:** | |
| **STATE:** | | **ZIP CODE:** | |
| **PHONE:** | | **EMAIL:** | |

## III. PRODUCT INFORMATION

| | |
|---|---|
| **PRODUCT TYPE:** | - SELECT - |
| **OTHER (IF NOT IN DROPDOWN):** | |
| **DEVICE CATEGORY:** | - SELECT - |
| **PRODUCT NAME:** | |
| **MODEL NUMBER:** | |
| **TECHNICAL PRODUCT DESCRIPTION:** | |

APPLICATION FORM CONTINUES ON NEXT PAGE

## IV. PRODUCT DOCUMENTATION & SCDOT CONFORMANCE

**CONFIRM THAT THE FOLLOWING APPLICABLE INFORMATION AND MATERIALS ARE AVAILABLE AND ACCOMPANY THIS FORM. THEY ARE REQUIRED FOR PRODUCT APPROVAL.**

**REQUIRED DOCUMENTATION**

| | | | |
|---|---|---|---|
| **Has this product been crash tested?** | - SELECT - | **FHWA ELIGIBILTY LETTER(S):** | |
| **Has this product been self-certified? (Category I devices only)** | - SELECT - | | |

| **PRODUCT LITERATURE:** | ATTACHED | NOT APPLICABLE |
|---|---|---|
| **SELF-CERTIFICATION LETTER** | ☐ | ☐ |
| **FHWA ELIGIBILITY LETTER** | ☐ | ☐ |
| **BROCHURE** | ☐ | ☐ |
| **SPECIFICATIONS** | ☐ | ☐ |
| **CRASH TESTING REPORT** | ☐ | ☐ |

## V. ADDITIONAL INFORMATION

| | | | |
|---|---|---|---|
| **Has this product, or one similar to it, been previously submitted to SCDOT?** | | - SELECT - | |
| **If yes, was the product approved or denied?** | - SELECT - | **If denied, explain:** | |
| **Will this product replace an existing approved product on the APL?** | | - SELECT - | |
| **If yes, provide existing product's name:** | | | |

**List any other states, particularly in the southeast, for which this product has been added to an approved or qualified products list:**

| **STATE:** | CONTACT NAME: | CONTACT EMAIL: |
|---|---|---|
| | | |
| | | |
| | | |

**SCDOT REFERENCES**

**Current SCDOT Standard Specifications and Standard Drawings are available here:**

| | |
|---|---|
| **Specifications:** | SCDOT Standard Specifications 2025 |
| **Standard Drawings:** | SCDOT Standard Drawings |

**Additional requirements or changes may be in supplemental specifications, special provisions, and/or the APL.**

**Please submit completed application electronically to LucasLJ@scdot.gov**

☐ ***By checking this box, the applicant hereby certifies that the submitted product application meets the applicable SCDOT specifications/standards; and all information provided in the application submittal is complete and accurate.***

**Clear III, IV, and V**

South Carolina
Department of Transportation

## FOR SCDOT WZTC USE ONLY

| | | | |
|---|---|---|---|
| **PRODUCT NAME & CONFIGURATION:** | | | |
| **VENDOR/MANUFACTURER:** | | | |
| **REVIEWER NAME:** | | **DATE OF REVIEW:** | |
| **Is application complete?** | - SELECT - | If no, explain: | |

*If application is complete, fill out the appropriate product information checklist and complete the rest of this form. If application is incomplete, further evaluation is not necessary, and the following section can be filled out. Return this form to the applicant once a decision is finalized.*

**PRODUCT DECISION**

| | | | | |
|---|---|---|---|---|
| **APPROVED:** | ☐ | **DENIED:** | ☐ | In the space below, provide a brief explanation and any usage restrictions. |

**APPROVED USER:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **ALL:** | ☐ | **SCDOT:** | ☐ | **CONTRACT:** | ☐ | **UTILITY:** | ☐ |

**SIGNATURES OF VERIFICATION:**

| STATE TRAFFIC DESIGN ENGINEER | STATE WORK ZONE ENGINEER |
|---|---|
| | |

APPEND PRODUCT INFORMATION CHECKLIST ON A NEW PAGE BELOW