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## 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

☐

Pavement Markings

☐

Signals

☐

Signing

☐

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

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Contact Person   
Phone  E-mail