

New Jersey Department of Transportation
 Division of Bridge Engineering & Infrastructure Management
 New Technologies and Products Unit
 1035 Parkway Avenue
 PO Box 600
 Trenton, NJ 08625-0600

NTP ID Number FOR OFFICE USE ONLY:
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New Technologies and Products Evaluation Form

ALL INFORMATION MUST BE TYPED - DO NOT REFER TO ATTACHEMENTS
 ONLY ONE PRODUCT PER PAGE

Product Trade Name:			Patented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied For				
Manufacturer:			Representative:				
Street Address:			Street Address:				
City:	State:	Zip:	City:	State:	Zip:		
Telephone Number:	Fax Number:		Telephone Number:	Fax Number:			
Web Site Address:			E-Mail Address:				
Description of the technology, product, materials, or process:							
Primary use of the technology, product, materials, or process:							
Alternate use of the technology, product, materials or process:							
Outstanding features, advantages claimed and cost benefits:							
General composition of material. (Attach laboratory report and Material Safety Data Sheets (MSDS) where applicable.)							
Estimated Material Cost Per Unit: COST MUST BE ENTERED	\$	Can demonstration be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Estimated Installation Cost Per Unit: COST MUST BE ENTERED	\$	Product availability? <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-Seasonal					
Training Courses, Movies Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are quantities limited? <input type="checkbox"/> Yes <input type="checkbox"/> No					
When can product be delivered to site?		days after order is received		or		days after payment is received.	

Does your technology, product, material, or process meet requirements of any of the following specifications?
If yes, please give specification numbers or titles (ex. ASTM D1256).

NUMBER	SPECIFICATION
	AASHTO
	ASTM
	Federal
	N.J.D.O.T.

Other:

Has your product been tested by any of the following testing organizations? If so, please provide report.

Organization: NTPEP HITEC NASHTO NEPCOAT NCHRP OTHER _____

Report Number: _____

Is this product manufactured in the USA? Yes No

Is this product approved for use by other highway authorities or other agencies? Yes No

If yes, list the states and whether use is routine or experimental. Attach any approval letters.

When was this product first marketed?

What existing technology, product, material, or process would this product replace?

Provide a brief background description of your company including your Web site address.

Who recommended contacting the New Jersey Department of Transportation?

Has another office of the N.J. Department of Transportation been contacted? Yes No

If yes, please explain here:

NOTE: The Department requires two demonstration projects to qualify your technology or product for use on NJDOT construction projects. Please note that failure to donate material will **necessitate** the acquiring of funding which may delay and possibly prevent the evaluation and/or approval of your technology or product.

Can you donate your technology product in sufficient quantity for two demonstration projects? Yes No

Additional information:

Name (person submitting information)

Title

Signature

Date