



**RHODE ISLAND DEPARTMENT OF TRANSPORTATION**

**Project Management  
Materials Management**

**NEW PRODUCT, MATERIAL, EQUIPMENT OR PROCESS FORM**

**INSTRUCTIONS:**

1. Answer all questions
2. Where question is not applicable, answer N/A
3. Attach additional sheet(s) if needed
4. Include copies of technical and specification data
5. If other state agencies have approved the use of this product, include contact names for our review.

**REQUEST NO.**  
(RIDOT USE ONLY)

<b>Trade Name:</b>	<b>Patented:</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied For
<b>Manufacturer:</b>	<b>Representative:</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>City/State/Zip Code:</b>	<b>City/State/Zip Code/Telephone No.:</b>
<b>Product, Material, Equipment or Process Identification:</b>	
<b>Recommended Primary Use:</b>	<b>Recommended Alternative Use:</b>
<b>Outstanding Features or Advantages Claimed:</b>	
<b>General Composition of Material (Attach Laboratory Report if Applicable):</b>	
<b>Product, Material, Equipment or Process Specification Furnished by Manufacturer?</b>	<b>Estimated Cost Per Unit of Application:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Be Mailed	\$ _____ Per _____
<b>Can Demonstration Be Provided?</b>	<b>Are Educational Course or Movies Available?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are Instructions or Directions for Installation, Application or Use Available?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Copy of Instructions Attached?</b>	<b>If Copies of Instructions Not Attached, When Will They Be Sent?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Availability:</b>	<b>Delivery at Site:</b>
<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-Seasonal	_____ Days After _____
<b>Are Quantities Limited?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Return to: RI Dept. of Transportation, Materials Management, 2 Capitol Hill, Rm 014, Providence, RI 02903  
or e-mail to DOT.MAT.PE@DOT.RI.GOV (form can be digitally signed)**

REV. 4/2022

**SEE OTHER SIDE**

**RIDOT M&QA NEW PRODUCT, MATERIAL, EQUIPMENT OR PROCESS FORM – Page 2**

Will Free Samples Be Provided for Evaluation?		If Not, Approximate Cost:	
		\$ _____	
Does Your Product, Material, Equipment or Process Meet Requirements of:			
AASHTO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specification No.:	
ASTM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specification No.:	
Federal Govt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specification No.:	
RIDOT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specification No.:	
Approved for Use By Any Other Highway Authorities or Other Agencies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Approved for Use, State by Who and Whether Use Is Routine or Experimental:			
If Proprietary, What Are Royalty Costs and On What Basis Are They Collected?			
When was Product, Material, Equipment or Process Introduced on Market?		What Product, Material, Equipment or Process Does it Replace?	
Is Product, Material, Equipment or Process Guaranteed?	Copy of Warranty Attached?	Warranty Conditions?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Background Description of Company and Its Item:			
Who Recommended Contacting the Rhode Island Department of Transportation?			
Has Another Office of the Department of Transportation Been Contacted?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Explain:			
Additional Information (Includes "Material Safety Data Sheet"):			
Printed Name of Person Furnishing Information:		Title:	
Signature:		Date:	

Return to: RI Dept. of Transportation, Materials Management, 2 Capitol Hill, Rm 014, Providence, RI 02903  
 or e-mail to DOT.MAT.PE@DOT.RI.GOV (form can be digitally signed)

REV. 12/2025

**PLEASE COMPLETE BOTH SIDES**