OREGON DEPARTMENT OF TRANSPORTATION

PRODUCT EVALUATION UPDATE REQUEST - MANUFACTURER'S NAME

Effective Date:					
Old Manufacturer's Name:					
New Manufacturer's Name:					
I certify that the manufacturer's name of t (Attach a separate sheet if necessary.)	he followi	ng products	has chang	ged.	
1					
2					
3					
4					
limitations. I further certify I am the auth accurately represents the product and that for. All related warranties for these produ will be supported by the new manufacturer. completed.	it is still octs on bot Warrant	applicable fo h existing a ry repairs in	or the cate nd upcomi process w	egories (ng proje vill conti	Qualified or being reviewed cts will remain in effect and nue until satisfactorily
I have attached copies of the "Preliminary I Material Safety Data Sheets (MSDS's), and records on the effective date shown above.	l test repo				
Manufacturer's Representative (printed)	Date	Mar	nufacturer	's Repre	sentative (signed)
Phone: E-	Mail Addre	ess:			
Mailing Address:					
City, State, Zip:					
For consideration by the Oregon Departmer documents to:	it of Trans	sportation, s	submit thi	s comple	ted form and the required
Mike Dunning 503-986-3059 Oregon Department of Transportation 800 Airport Road SE Salem OR 97301-4798 http://www.oregon.gov/ODOT/HWY/CONS	TRUCTIO)N/QPL/QP]	Index.shti	<u>nl</u>	
	For off	icial use only	 /:		
Date Received by ODOT:		•	_		
Test data, MSDS's, and Data Sheets submit	tted? Ye	s	No		
Documentation of old vs new product review	red: Ye	es	No		5/07