



1. Product Information (one product per form):
 Product Name (exactly as marketed): _____ NTPEP Number (if applicable): _____
 Manufacturer Name: _____
 Division (if applicable): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Representative: _____ Title: _____
 Phone Number: _____ Email: _____

2. VTrans’ Specification Number(s) & Description(s) this product conforms to (all that apply, if more than 5 complete additional form):

3. Distributer Information (complete only if different than the manufacturer above).
 Distributor that services Vermont where contractors can obtain the product, attach additional sheets if more than one.
 Name: _____ Phone Number: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____

4. Submitter Information (complete only if different from manufacturer representative above):
 Name: _____ Phone Number: _____ Email: _____
 Company: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____

In addition to this form, also submit Product/Technical Data Sheets, Safety Data Sheets, Installation Instructions, Maintenance Instructions, Test Data, and/or any other pertinent documentation as applicable, failure to supply these documents may result in the denial of your product.

PRODUCT CERTIFICATION

I hereby certify the product submitted in Section 1 of this form conforms to the requirements of the Vermont Agency of Transportation *Standard Specifications for Construction*, and any applicable subsequent General Special Provisions for the material specification(s) as identified in Section 2 of this form. This includes certification that any steel or iron, if incorporated into the product, conforms to the Buy America provisions of 23 CFR § 635.410; all related processes including melting, rolling, curing, welding, fabrication, and the process of applying a coating occurred within the United States of America. Signing this document does not alleviate the signee of providing evidence of such upon request.

Authorized Representative (Print): _____
 Signature: _____
 Company: _____
 Representing (Manufacturer, Supplier, or Contractor): _____
 Phone Number: _____ Email: _____

Product certification alone does not ensure approval