

Approved Product List - Product Submittal Form

Agency of Transportation vtrans.vermont.gov 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: ____ VTrans' Specification Number(s) & Description(s) this product conforms to (select all that apply, if more than 4 complete additional form)(specifications not listed in the drop down are not eligible for inclusion on APL)*: 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:
 Submitter Information (complete only if different from manufacturer representative above): Name: Phone Number: Email: Company: Title: Address: City: State: Zip: Buy America*: Do all manufacturing processes occur in the United States? ☐ Yes ☐ No Is 55%, or greater, of product cost derived from components manufactured in the United States? \square Yes \square No NOTE: Selecting "No" does not disqualify a product from the VTrans' APL. VTrans will review applicability of Buy America and Build America, Buy America for each submittal. *Required Fields 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. PRODUCT CERTIFICATION I hereby certify the information provided is accurate and the product submitted in Section 1 of this form conforms to the requirements of the Vermont Agency of Transportation Standard Specifications for Construction, including General Special Provisions, for the material specification(s) identified in Section 2 of this form. Signing this document does not alleviate the signee of providing evidence of such upon request. Authorized Representative (Print): ______ Title: _____ Representing (Manufacturer, Supplier, or Contractor): Phone Number: _____ Email: _____

Submit forms and supporting documentation electronically to AOT. Materials Certifications@vermont.gov

Product certification alone does not ensure approval