

## **Approved Product List – Product Submittal Form**

Agency of Transportation vtrans.vermont.gov 1. Product Information\* (one product per form): Product Name (exactly as marketed): Manufacturer Name: Division (if applicable): AASHTO Product Evaluation & Audit Solutions Number (if applicable): VTrans Specification Number(s) & Description(s) this product conforms to\* (select all that apply, if more than 4 complete additional forms) (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. Physical Address: City: State: Buy America/Build America, 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? ☐ Yes ☐ No NOTE: Selecting "No" does not disqualify a product from the VTrans APL. VTrans will review the applicability of Buy America and Build America, Buy America for each submittal. \*Required Fields Product/Technical Data Sheets and test data shall be submitted with this form as required, see the Approved Product Program for requirements. Submittals without the required supporting documentation will not be accepted. Safety Data Sheets, Installation Instructions, Maintenance Instructions, Test Data, Environmental Product Declarations, or any other pertinent documentation should be submitted if available. AASHTO Product Evaluation & Audit Solutions test data will be reviewed directly in Datamine, please do not submit. PRODUCT CERTIFICATION I hereby certify the information provided is accurate and that the product submitted in Section 1 of this form conforms to the requirements of the Vermont Agency of Transportation's Standard Specifications for Construction for the material specification(s) identified in Section 2 of this form. I understand signing this document does not alleviate me from providing evidence of such upon request. Authorized Representative (Print): \_\_\_\_\_\_ Title: \_\_\_\_\_ Signature: State: Zip: Email: Phone Number:

\*\*\*Submittals not certified by an authorized representative of the manufacturer will not be accepted.\*\*\*