**QUALIFIED ELECTRICAL PRODUCTS LIST** **PRODUCT EVALUATION REQUEST**

Wisconsin Department of Transportation

DT2163 3/2018 Ch. 84 Wis. Stats.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Product | | | | | | |
| Primary Use  Signal  Lighting  ITS | New on Market  Yes  No | | Date Submitted (m/d/yyyy) | | | |
| Manufacturer | | | | | | |
| Address | | City | | | State | ZIP Code |
| Manufacturer’s Web Address | | | | | | |
| Representative – Name | | | | | | |
| Representative Address | | City | | | State | ZIP Code |
| Representative – Firm | | | | (Area Code) Telephone Number | | |

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| --- | --- | --- | --- | --- |
| **PRODUCT INFORMATION** | | | | |
| Product Meets the Following WisDOT Specification | | | | |
| Product Description | | | | |
| Date Introduced to the Market | | | | |
| List Any Other Applicable Specifications or Certifications the Product Meets | | | | |
| *Other Highway Agencies Approving Its Use* | | | | |
| **Agency Name** | **Standard Use** | **Experimental Use** | **Years in Use** | **Remarks** |
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| Additional Information | | | | |
| Indicate all supporting materials and information available for this product. Attach examples and test results, reports, approvals, etc. of use by other agencies and persons regarding experience with this product or process. Include number complete names, titles, mailing addresses, phone numbers and email addresses so these individuals may be contacted. | | | | |

**DO NOT SUBMIT SAMPLES OR MATERIALS UNLESS REQUESTED**

*Please return the completed form to:*

Attn: Traffic Systems Unit

Bureau of Traffic Operations

433 W St. Paul Ave Suite 300

Milwaukee, WI 53203

***Or*** email to:

[DOTElectrical@dot.wi.gov](mailto:DOTElectrical@dot.wi.gov)