OREGON DEPARTMENT OF TRANSPORTATION PRODUCT EVALUATION UPDATE REQUEST – PRODUCT NAME

Effective Date;	
Manufacturer:	
Old Product Name:	
New Product Name:	
I certify that only the name of the subject <u>product has been cha</u> materially the same product, with the same formula, performane the authorized representative, and the test data supplied in the that it is still applicable for the categories Qualified or being revi changes.	ce, and limitations. I further certify that I am past still accurately represents the product and
I have attached copies of the <u>"Preliminary Information for Press</u> sheets, Material Safety Data Sheets (MSDS's), and test repo product in your records on the effective date shown above.	
Manufacturer's Representative (printed) Date Manu	facturer's Representative (signed)
Phone: Email Address:	
Mailing Address:	
City, State, Zip:	
For consideration by the Oregon Department of Transportati required documents to:	on, submit this completed form and the
Dean Chess 503-986-3059 Oregon Department of Transportation 800 Airport Road SE Salem OR 97301-4798	
For ODOT use or	<u>nly:</u>
Date Received by ODOT:	ID #:
Test data, MSDS's, and Data Sheets submitted?	Yes No
Documentation of old vs new product reviewed:	Yes No
Categories:	Status:
1	
2	