

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PRODUCT EVALUATION PROGRAM
NEW PRODUCT APPLICATION

For questions about this form, please contact productevaluation@ncdot.gov or 919-329-4074

I. PRODUCT INFORMATION

Product Name: _____

Model Number: _____

APL Category: _____

APL Subcategory: _____

You can review the Category and Subcategory options at the [Approved Products List website](#).

If the product can be classified under multiple categories, please list other applicable categories below:

If this product was previously submitted to NCDOT, what was the assigned Tracking ID? NP ____ – ____

Product Website: _____

Description: _____

Primary Use: _____

Advantages: _____

Limitations: _____

Composition: _____

Warranty: _____

Product Cost: _____ Product Cost In-Place: _____ Unit of Measurement: _____

Recycled Materials (%): _____

Please select the type of recycled materials:

☐ Aluminum ☐ Fly ash ☐ Glass ☐ Oil ☐ Paper ☐ Plastic
☐ Steel ☐ Rock ☐ Tires/rubber ☐ Wood Other: _____

Hazardous Materials (%): _____

Country Where the Product is Manufactured: _____

Location or Availability of Product: _____



Additional Pertinent Information:

II. CONTACT INFORMATION

Primary Contact:

Company Name:	_____	Address:	_____
Contact Name:	_____	City:	_____
Email:	_____	State:	_____ Zip: _____
		Phone:	_____ Ext: _____

Secondary Contact:

Company Name:	_____	Address:	_____
Contact Name:	_____	City:	_____
Email:	_____	State:	_____ Zip: _____
		Phone:	_____ Ext: _____

III. SPECIFICATION INFORMATION

List of [NCDOT Specifications](#) applicable to this product:

List of ASTM/AASHTO Specifications this product meets:

AASHTO Product Evaluation & Audit Solutions (NTPEP) Number:

Please select in the drop down whether this product meets, does not meet, or is exempt from the Build America Buy America (BABA) guidelines outlined in 2 CFR Part 184:

Other State DOT's Approved For (include contact information, if possible):

The name below certifies that the information in this form is correct and that all supporting documentation necessary for review is attached.

Name: _____
Date: _____
Email: _____
Phone: _____ Ext: _____