

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PRODUCT EVALUATION PROGRAM
PRODUCT FEEDBACK FORM

Direct all questions regarding this feedback form to productevaluation@ncdot.gov or 919-707-4808.

INSTRUCTIONS

Please provide factual information related to your experience using a product or innovation on an NCDOT project, save the form, and submit the completed form and other supporting documentation/photos to productevaluation@ncdot.gov. Additional blank forms are available [here](#).

PROJECT INFORMATION (Fill in at least **ONE** answer in this section to identify the project.)

NCDOT Contract Number/WBS: _____
Route or Location: _____
County/Counties/Division: _____
NCDOT Engineer/Contact: _____
Prime Contractor (Company Name): _____
Company Installing Product: _____

PRODUCT INFORMATION (Fill in at least the information marked with **)

**** Product Name:** _____
Product Model: _____
Product Manufacturer: _____
Product Distributor: _____
Approved Products List NP Number: _____
Date(s) of Installation: _____
Identify Location Installed/Used: _____
Describe Product Use: _____
**** Observed Product Performance:** _____
Possible Reasons for Performance: _____
Recommendations for Future Use: _____

The name below certifies that the information herein is correct. Email to productevaluation@ncdot.gov.

Name _____
Date _____
Email _____
Phone _____ Ext _____