



Traffic Operations Division STREETS AND STORMWATER

NEW OR EQUAL PRODUCT EVALUATION REQUEST

Instructions: Please fill in all of the blanks to the best of your ability or enter N/A. Give as much detail as possible.

Product Information

1 TRADE (PRODUCT) NAME: _____

2 MODEL NUMBER: _____

3 PATENTED? (Y/N) Yes No DATE OF PATENT OR PATENT APPLICATION: _____

4 NON-DISCLOSURE AGREEMENT REQUIRED? (Y/N) Yes No

If yes, please explain

5 DESCRIPTION: _____

Contact Information

6 MANUFACTURER: _____

Address: _____ City: _____

State: _____

Zip: _____

Contact Person: _____ Phone: _____

Website: <http://> _____

7 DISTRIBUTOR: _____

Address: _____ City: _____

State: _____

Zip: _____

Contact Person: _____ Phone: _____

Website: <http://> _____

8 IS THIS PRODUCT MANUFACTURED BY ANOTHER COMPANY FOR YOU? (Y/N) Yes No

If yes, please provide the information below.

Original Manufacturer: _____

Address: _____ City: _____

State: _____

Zip: _____

Contact Person: _____ Phone: _____

9 IF YOU RENAMED THIS PRODUCT, WHAT WAS THE ORIGINAL PRODUCT NAME?

Evaluation Information

10 BELOW, INDICATE THE CATEGORY OF THE PRODUCT THAT YOU ARE SUBMITTING:

EQUAL PRODUCT (Y/N): Yes No

Is this product similar to a product currently used by the City of Tulsa? (Y/N) Yes No

If yes, what product? _____

NEW PRODUCT (Y/N): Yes No

11 HAS THIS PRODUCT BEEN SUBMITTED FOR EVALUATION PREVIOUSLY? (Y/N) Yes No

If yes, please explain the reason for resubmittal:

12 HAS THIS PRODUCT BEEN USED IN THE PAST OR PRESENTLY BY ANOTHER GOVERNMENT AGENCY? (Y/N) Yes No

If yes, please list agencies and contact information for those agencies:

13 IS THIS PRODUCT IN PRODUCTION AND READILY AVAILABLE ON THE MARKET? (Y/N) Yes No

14 IF THIS PRODUCT IS USED, WHAT WOULD BE THE BENEFITS (COST, SAFETY, ETC.) TO THE CITY OF TULSA?

15 THIS PRODUCT MEETS THE REQUIREMENTS OF THE FOLLOWING SPECIFICATIONS:

COT Specifications or Standards #: _____

ODOT Specifications or Standards #: _____

ALL OTHERS (Be specific and list all applicable specifications, standards, codes, etc.):

If this product does not meet the COT Specifications, please list which specifications you are requesting exceptions to and why:

16 IS THE PRODUCT GUARANTEED? (Y/N) Yes No If yes, attach a copy of the warranty information.

Conditions of Warranty:

Testing and Demonstration

17 CAN A DEMONSTRATION OR PRESENTATION BE PROVIDED IF REQUESTED? (Y/N) Yes No

18 ARE YOU WILLING TO SUPPLY MATERIALS FOR FIELD TESTING OR SHOP EVALUATION AT NO COST TO THE CITY? (Y/N) Yes No

19 WOULD CITY OF TULSA STAFF BE REQUIRED TO ASSIST (I.E. TRAFFIC CONTROL, LABOR, TECHNICAL, ETC.)? (Y/N) Yes No

If so what type of assistance will be required? _____

20 IS THE MATERIAL SAFETY DATA SHEET (OSHA-20 OR OSHA-174) ENCLOSED? (Y/N) Yes No

21 DOES THIS MATERIAL REQUIRE SPECIAL HANDLING? (Y/N) Yes No

If so, please explain and provide instructions:

22 ARE THE MATERIAL SHOP DRAWINGS FURNISHED? (Y/N) Yes No

23 ARE THE INSTRUCTIONS FOR INSTALLATION, APPLICATION, LIMITATIONS, OR USE AVAILABLE? (Y/N) Yes No

If requested, can free copies be provided? (Y/N) Yes No

24 HAVE YOU ATTACHED INDEPENDENT TEST REPORTS CONFORMING TO COT SPECIFICATIONS? (Y/N) Yes No

25 LIST CONTACTS YOU MADE WITH THE COT REGARDING THIS PRODUCT:

Name: _____

Department: _____ Phone: _____

Additional Information

26 IF YOU HAVE ANY ADDITIONAL COMMENTS OR INFORMATION PLEASE PROVIDE THOSE BELOW:

DISCLAIMER

Acceptance of a product for evaluation by the City of Tulsa is in no way a commitment to purchase, recommend, or specify the product investigated, regardless of its performance. In addition, the manufacturer, vendor, or supplier shall be responsible for all liabilities or injuries caused by the defect in the design of, or manufacture or labelling of, their products. The manufacturer is responsible for keeping the City of Tulsa Traffic Operations Division informed as to any changes in the product makeup, manufacture's location, distribution, and representatives. Any changes without proper notification could result in the rejection of this product.

27 For consideration by the City of Tulsa Traffic Operations Division, submit this completed form to:

	Signed: _____	Date: <input style="width: 100px;" type="text"/>
Approved Products Coordinator	(Supplier's Authorizing Agent)	
City of Tulsa Traffic Operations Division		
Streets and Stormwater Department	Name: _____	
4015 North Harvard Avenue	(Please Print or Type)	
Tulsa, OK 74115		
email: arana@cityoftulsa.org	Title: _____	
	(Please Print or Type)	