



## 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:

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: [ssatham@cityoftulsa.org](mailto:ssatham@cityoftulsa.org)

Title: \_\_\_\_\_

(Please Print or Type)