



# NJ DOT Bureau of ITS Engineering

## ITS Product Certification Request Form

### INSTRUCTIONS

Enter the requested information by printing, using blue or black ink, or providing typewritten responses. All blanks must be completed unless otherwise directed. Include the completed form with the application package containing all items as required by the governing [Materials Approval Procedure \(MAP\)](#).

Applications without referencing the explicit material specification, construction detail, and MAP will not be reviewed. For submission of new technologies and products that are not currently specified by the NJDOT, refer to [New Technology and Products submittal process](#).

**APPLICATION INFORMATION:** The contact information listed below will be used for all correspondence pertaining to the Application.

Manufacturer website address: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

NJDOT ITS Material Specification: \_\_\_\_\_

NJDOT ITS Standard Detail: \_\_\_\_\_ MAP-ITS-EC:  MAP-ITS-NEC:

**PRODUCT INFORMATION:** Each product series must be submitted separately. Only the model number(s) submitted below will be included on the Qualified Product List (QPL). Where more than one model number meets the specification (i.e. when specifying different configurations options that may vary from project to project such as voltage or color) indicate a list of model numbers, or use the "\*" character to indicate a wild card. For example, list Model Number TS-35-\*\* to indicate models TS-35-08 and TS-35-16.

Product Name: \_\_\_\_\_ Product Series: \_\_\_\_\_

Model Number(s): \_\_\_\_\_ Version/Revision No: \_\_\_\_\_

Number of Pages Submitted: \_\_\_\_\_

**MANUFACTURER INFORMATION:** The address and contact information listed below will be used for all correspondence pertaining to the Manufacturer, and will be listed on the final QPL.

Manufacturer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FOR ITS ENGINEERING USE ONLY

Date Received by Bur. of ITS ENGR: \_\_\_\_\_ ITS Tracking No: \_\_\_\_\_

Date Sent to IR: \_\_\_\_\_ Date Approved/Rejected by IR: \_\_\_\_\_

Date Returned to ITS Engr. from IR: \_\_\_\_\_ Final Decision Letter Dated: \_\_\_\_\_