

Internal MoDOT Product Form

Please use this to add items to the product list based on past, present, or desired future use. This form is to be used by MoDOT staff. Complete as much of the information as you can. Vendors/manufacturers will still need to complete the New Product Evaluation Form and should start there.

Who are you (so we can contact you if more information is needed)?

Name, Title _____
District, Division, Office, or Building _____
Phone or email address _____

What is the product:

Product Name _____
Product Model Number _____
How will MoDOT use the product? _____
How will it help MoDOT? _____

Who is selling/promoting the product (so we can contact them to complete the application)?

Representative name _____
Company name _____
Phone, email, web address _____

Have you used the product or are you currently using it? Yes No

If you have used it, would you approve it for future use? Yes No

Any comments about using the product? _____

Do you think MoDOT should evaluate the product? Yes No

Are you interested in using/testing the product? Yes No

Please mail completed form to:

Organizational Results
Attn: MoDOT New Product Coordinator
P. O. Box 270
2211 St. Mary's Blvd.
Jefferson City, MO 65102
Email: npef@modot.mo.gov