



EXTENSION FORM

**Materials Bureau
Quality Control Section
P.O. Box 201001
Helena, Montana 59620-1001**

Submitted By	Name:		
	Company Name:		
	Address:		
	Address:		
	City:	State:	Zip code:
	Phone:	Fax:	
	e-mail:		
Product	MDT item number and name:		
	Brand Product Name:		
	Materials Enclosed (Check all that apply)	<input type="checkbox"/> Physical Sample	
		<input type="checkbox"/> Photographs	
		<input type="checkbox"/> Product Technical Data Sheet	
		<input type="checkbox"/> Material safety Data Sheet	
		<input type="checkbox"/> NTPEP Test report	
		<input type="checkbox"/> State or Federal Agency Test Reports	
		<input type="checkbox"/> Independent Laboratory Test Reports	
<input type="checkbox"/> Other (please specify):			
MDT Use Only			
Referred to	<input type="checkbox"/> Chemistry section		<input type="checkbox"/> Bituminous section
	<input type="checkbox"/> Concrete/Aggregate section		<input type="checkbox"/> Other:
Received By:			Date:

I certify that the subject product has not changed since its original submittal to your office. It is materially the same product, with the exact formula, composition, manufacturing location and process, and QC program. I further certify that I am the authorized representative and that the product is still applicable for the category being reviewed for.

Manufacturer's Representative (printed)

Manufacturer's Representative (signature)

Date