



REQUEST 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:			
	Brand Product Description:			
	Intended uses:			
	Date Product First Introduced to Market:			
	Meets Specifications (Check all that apply)	<input type="checkbox"/> ASTM(please specify):		
		<input type="checkbox"/> AASHTO(please specify):		
		<input type="checkbox"/> MDT(please specify):		
		<input type="checkbox"/> Other(please specify):		
	Other States in use or Testing	State:	Contact:	Phone:
		State:	Contact:	Phone:
State:		Contact:	Phone:	
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):			
	<input type="checkbox"/> QC plan for product			
Manufacturer	Company Name:			
	Address:			
	Address:			
	City:	State:	Zip code:	
	Phone:	Fax:	e-mail:	
	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:			