



Materials Review Board

Material Approval Application

Date of Application: _____

Product Name: _____

Description of Material:

Manufacturer: _____

Manufacturer background:

Years in business: _____

Type of business: _____

Business address of the home office:

Locations where the material has been approved for use (include names of users and contact persons and phone numbers of references):

Material applications and limitations (provided by Vendor):

Vendor: _____

Vendor background:

Years in business: _____

Type of business: _____

Business address of the home office:

Vendor representative making request: _____

Address of applicant:

Phone number: _____

E-mail Address: _____

Sheet 2 to be completed by Board Member.

Reference Verification (Reference, Contact person, Title, Phone Number, Comments):

Board Member Comments (Pertains to reference comments):

Test Sections (Locations, Installation Dates, Testing Parameters, Limitations of material):

Test Results:

Approval Recommendation:

Approve for use: _____

Approved only for testing: _____

Rejected: _____

Approval Comments by Board Member:

Board Member: _____ Date: _____

Board Ruling: _____ Date: _____