

**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):

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Board Member Comments (Pertains to reference comments):

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

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Test Results:

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Approval Recommendation:

Approve for use: \_\_\_\_\_  
Approved only for testing: \_\_\_\_\_  
Rejected: \_\_\_\_\_

Approval Comments by Board Member:

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Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Board Ruling: \_\_\_\_\_ Date: \_\_\_\_\_