

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

Proprietary Product Certification

To: _____
District or Turnpike Design Engineer

Date: _____

Financial Project ID: _____

Federal Aid Number: _____

Project Name: _____

State Road Number: _____ Co. / Sec. / Sub.: _____

Begin Project MP: _____ End Project MP: _____

Attach justification and supporting documents.

Mark the appropriate certification (below):

"I, _____, _____, of the _____,
Print Name of Initiator Position Title Name of Agency

do hereby certify that the following condition(s) apply. Mark appropriately:

- that this patented or proprietary item is most compatible with existing highway facilities;
- that this patented or proprietary item provides greater flexibility with existing and/or future highway facilities;
- that this patented or proprietary item fosters innovation in highway transportation technology;
- that this patented or proprietary item satisfies Build America/Buy America (BABA) requirements;
- that this patented or proprietary item is included as FDOT Approved Products Listing (APL) Number _____;
- that no equally suitable alternative exists for this patented or proprietary item."

_____, _____
Signature Date

