**CERTIFICATION FOR PROPRIETARY-MATERIAL USE,**

**NO SUITABLE EQUAL EXISTS**

ROUTE:       DES. NO:

PROJECT NO.:       COUNTY:

PROJECT DESCRIPTION:

FHWA OVERSIGHT:  YES  NO

PROPRIETARY MATERIAL:

**1. Description of Need**: Provide a discussion as to why the product was selected, including limitations and conditions for its use. Delete all instructions once fields are completed.

**2. Product History**: Indicate if the product has been used successfully in Indiana or elsewhere.

**3. Product Availability:** Indicate if there are other similar products that can be used, and which other similar products were considered. Indicate that there are not at least two other similar products for Certification. Provide discussion or comparison matrix. A minimum of 3 vendors’ products are necessary to negate the need for a proprietary-material approval.

**4. Product Cost**: Provide the difference in the cost of the proposed item to other non-proprietary items. Indicate the additional cost or cost savings for the use of the proposed item. Estimate of additional cost incurred as a result of this proprietary product.

This certification is for an experimental or research item. The Work Plan is attached.

Prepared By:      . Date:

INDOT APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Director, Highway Design and Technical Support Division

Director, Bridges Division

CONCURRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Federal Highway Administration