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| **wisdot-agency-name-logo-100-black-rgb.jpgPATENTED OR PROPRIETARY PRODUCT JUSTIFICATION**  Wisconsin Department of Transportation  **DT1584 9/2020** | |
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| **By signature of this document, the State official is certifying that in accordance with the requirements of FDM 19-1-5 this patented or proprietary item is:**  Essential for synchronization (See 19-1-5.2.1)  No equally suitable alternative exists (See 19-1-5.2.2)  Specified product is deemed to be in the best interest of the public (See 19-1-5.2.3)  Research (See 19-1-5.2.4) | |
| **Duration** | **Project Specific Information** |
| Project Specific  Statewide Certification (5 yrs maximum)  Specify dates: From:  To: | Project ID and Title |
| Product(s)/Material(s) and Name of Manufacturer: | |

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| Product Justification (Provide a short description of the justification for the proposed proprietary application in the context of FDM 19-1-5.2. Use no more than the space below, min. 9pt. font): | | |
| **Region Chief for region non-local project or**  **Region Project Manager for region local program project or**  **Bureau Chief for statewide product: (signature)** | Name | Date |
|  |  |