 **STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION**

**PROPRIETARY PRODUCT CERTIFICATION**

To: Date:

 Design Engineer

Financial Project ID: New Const. [ ]  RRR [ ]

Federal Aid Number:

Project Name:

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

Begin Project MP: End Project MP:

Full Federal Oversight: No [ ]  Yes [ ]  Note: If Yes, submit to FHWA Director.

A justification and all supporting documents must be attached to this document.

*Mark the appropriate certification:*

*“I, , , of the ,*

 *Print Name of Initiator Position Title Name of Agency*

*do hereby certify that in accordance with the requirements of 23 CFR 635.411(a)(2),*

*Mark appropriately:*

[ ]  *that this patented or proprietary item is essential for synchronization with existing highway facilities*

[ ]  *that this patented or proprietary item is essential for ease of maintenance.*

[ ]  *that this patented or proprietary item is essential for reduced maintenance cost.*

[ ]  *that no equally suitable alternative exists for this patented or proprietary item.”*

 *,*

*Signature Date*

For Department Use Only

*“I, ,*

 *Print Name Position Title*

*of the Florida Department of Transportation, do hereby approve this certification request made in accordance with the requirements of 23 CFR 635.411(a)(2),*

*Mark appropriately:*

[ ]  *that this patented or proprietary item is essential for synchronization with existing highway facilities.*

[ ]  *that this patented or proprietary item is essential for ease of maintenance.*

[ ]  *that this patented or proprietary item is essential for reduced maintenance cost.*

[ ]  *that no equally suitable alternative exists for this patented or proprietary item.”*

*Identify any conditions and limitations:*

 ,

 *Signature Date*