 **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*