

**APPLICATION FOR ACCEPTANCE OF PRODUCT FOR
INCLUSION IN REGIONAL INFRASTRUCTURE TECHNICAL
SPECIFICATION (RITS)**

Product ID:

Purpose of Product:

Manufacturer:

Contact Person:

Contact Phone No.:

Installation Details:

Copies attached

Product Life (years):

Standard(s):

Licence Number:

Copy attached

Previously accepted
by the following
authorities:

Letter(s) attached

Signature of Applicant

Date

For office use only

Received by Regional ITS Project Manager	<i>Letter(s) attached:</i>	Yes	No	Date:
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Receipt of application acknowledged	<i>Letter(s) attached:</i>	Yes	No	Date:
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Further Information requested? :		Yes	No	Date:
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Copy of application forwarded to Product Evaluation Panel	<i>Forwarded by:</i>			Date:
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PRODUCT FORMALLY EVALUATED AT REVIEW MEETING

Attendees:				Date of meeting:
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Product to be:	ACCEPTED	TRIALLED	DECLINED	
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Product trial required?	Yes	No		
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If yes, what arrangements have been made?

Appropriate action taken:	<i>By whom:</i>			<i>Date:</i>
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ADDED TO ACCEPTABLE PRODUCTS	TRIAL ORGANISED	APPLICANT ADVISED		
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