

Assessment of Innovative Technologies Application Form

If inadequate space is provided for your response(s), please attach additional information.

Concept / Product name:

A. Applicant Details

Full name:

Company name:
(if applicable)

Address:

Phone no:

Mobile no:

Email address:

B.

- | | | | | |
|--|--|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Speeding | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Vehicles | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Distraction |
| <input type="checkbox"/> Pedestrians | <input type="checkbox"/> Cyclists | <input type="checkbox"/> Motorcyclists | <input type="checkbox"/> Roads | |
| <input type="checkbox"/> Other <i>(detail)</i> | | | | |

C. Concept / Product Details

1. How does your concept / product work?

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2. Where do you see your concept / product being implemented? (mention any limitations to its usage)

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3. What is the estimated impact of your concept / product on the number and severity of crashes?

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4. What is the likely life span of the technology?

5. What are your expectations of the Centre for Road Safety in relation to this concept / product?

6. Does your concept / product require integration with other technologies?

(Please tick) Yes - If 'Yes' explain how. No

7. Has your concept / product undergone any testing or field trials?

(Please tick) Yes - If 'Yes' please attach evidence of testing. No

8. Is the concept / product able to be practically demonstrated?

(Please tick) Yes No

9. Outline your capacity to put the concept / product into production.

10. What will your concept / product cost?

(Also mention any anticipated annual maintenance and running costs)
