

NCDOT Aggregate QC/QA Plant Ownership Update

Name of Company: _____

Name of Facility: _____

NCDOT Facility Number: CA _____ FA _____

Facility Mailing Address and Contact Information:

Street: _____

Street: _____

City: _____ State: _____ ZIP _____

Telephone: _____ FAX _____

Telephone: _____

Email: _____

Name and Title of Contact: _____

Facility Physical Address:

Street: _____

Street: _____

City: _____ State: _____ ZIP _____

Driving Directions from Major Landmark:

Plant Personnel Responsible for Quality:

	Name	Title	Cert. Number ¹
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Material:

List of Material Being Produced at Facility:

The Information for this facility HAS changed since this form was last submitted? YES / NO

The Quality Control Plan for this facility HAS been revised since it was NCDOT Approved? YES / NO

If YES, attach copy of current Quality Control Plan to this document and submit for review.

I certify that the foregoing entries are correct.

Signature _____

Title: _____

Date: _____

¹ List NCDOT assigned Technician Certification Number if applicable.