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 __________________________
Email: __________________________
Name and Title of Contact: __________________________________________________

Facility Physical Address:
Street: __________________________
Street: __________________________
City: ____________________________ State: __________________________ ZIP ______

Driving Directions from Major Landmark:
________________________________________________________________________
________________________________________________________________________

Plant Personnel Responsible for Quality:

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<tr>
<th>Name</th>
<th>Title</th>
<th>Cert. Number(^1)</th>
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Material:
List of Material Being Produced at Facility:
________________________________________________________________________
________________________________________________________________________

The Information for this facility \textbf{HAS} changed since this form was last submitted? ☐YES / ☐NO

The Quality Control Plan for this facility \textbf{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.

Revised 9/30/14 JSE