Plant Ownership Update Form – FRP Products

Name of Company: _____

Corporate Address and Contact Information:

Street: _____
Street: _____
City: _____ State: _____ ZIP _____
Telephone: _____ FAX: _____
Email: _____
Name and Title of Contact: _____

Name of Facility: _____
NCDOT Facility Number: FRP _____ _____

Facility Mailing Address and Contact Information:

Street: _____
Street: _____
City: _____ State: _____ ZIP _____
Telephone: _____ FAX _____
Telephone: _____
Email: _____
Name and Title of Contact: _____

Plant Personnel Responsible for Quality:

	Name	Title	Cert. Number[1]
1)			
2)			
3)			
4)			
5)			

Complete the following with a Yes or No response:

This plant adheres to all requirements and specifications set forth in the NCDOT Standard Specifications for Roads & Structures?
This plant has an approved in-house quality control plan?
This plant has an approved laboratory or has written approval to utilize an approved laboratory?
This plant has a qualified quality control technician approved by the Department?

I certify that the foregoing entries are correct.

Signature _____
Title: _____
Date: _____

[1] List NCDOT assigned Technician Certification Number if applicable.