

# NCDOT Segmental Retaining Wall Plant Ownership Update

Name of Company: \_\_\_\_\_

## Corporate Address and Contact Information:

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

Name of Plant: \_\_\_\_\_

NCDOT Plant Number: SW \_\_\_\_\_

## Plant Mailing Address and Contact Information:

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

## Plant Physical Address:

Street: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
Driving Directions from Major Landmark:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Plant Personnel Responsible for Quality:

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

The Information for this plant HAS changed since this form was last submitted?  YES /

NO

The Quality Control Plan for this plant 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: \_\_\_\_\_

\* List NCDOT assigned Technician Certification Number if applicable.