

Plant Ownership Update Form – Wood 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: WP _____

Facility Mailing Address and Contact Information:

Street: _____
Street: _____
City: _____ State: _____ ZIP _____
Telephone: _____ FAX: _____
Email: _____

Name and Title of Contact: _____

Mill Mailing Address and Contact Information:

Street: _____
Street: _____
City: _____ State: _____ ZIP _____
Telephone: _____ FAX: _____
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 Section 1082 of the NCDOT Standard Specifications for Roads & Structures?

This plant has an approved in-house quality control plan?

This plant has laboratory facilities at the plant site for use of the inspector in accordance with AWWA Standard T1.?

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.