# **NCDOT Materials & Tests Unit**

# **2024 Ready Mixed Concrete Facility Ownership Update Form**

**To be completed by Company Personnel.**

**After completion email to:** readymixinspections@ncdot.gov

|  |  |  |  |
| --- | --- | --- | --- |
| Date: Click or tap to enter a date. | NCDOT RM#:       | County:       | Division:      |
| **Company’s Information**  **MAIN OFFICE & PLANT:**  |

|  |  |
| --- | --- |
| Producer Name:       | State:       |
| Main Office Address:        | Main Office Phone:       |
| Main Office Representative Name:       | Title:      Email:       |
| Facility Physical Address:        |
| Facility Representative:        | Title:      Email:       |
| Facility Mailing Address (US Mail is Received):        | Phone:       |

 **PRIMARY CONTACT:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Phone | Email |
|       |       |       |       |
| Comments:       |

 **MANAGEMENT:**

|  |  |  |
| --- | --- | --- |
| Plant Manager:       | Plant Manager Email:       | Phone:       |
| QC Manager:       | QC Manager Email:       | Phone:       |
| Comments:       |

# **NCDOT** **Certified Personnel**

 **CERTIFIED CONCRETE FIELD TECHNICIAN:**

|  |  |  |
| --- | --- | --- |
| Name | PCT Certification # | Expiration Date |
|       |       | Click or tap to enter a date. |
|       |       | Click or tap to enter a date. |

 **CERTIFIED CONCRETE BATCH TECHNICIAN:**

|  |  |  |
| --- | --- | --- |
| Name | PCB Certification # | Expiration Date |
|       |       | Click or tap to enter a date. |
|       |       | Click or tap to enter a date. |

 **CERTIFIED CONCRETE MIX DESIGN TECHNICIAN:**

|  |  |  |
| --- | --- | --- |
| Name | PCD Certification # | Expiration Date |
|       |       | Click or tap to enter a date. |

Signature: Click or tap here to enter text.