# **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](mailto: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.