

# NCDOT Materials & Tests Unit 2015 Concrete Pipe Facility Ownership Update

## Facility Information

NCDOT Facility Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Of Facility: \_\_\_\_\_  
Name And Title Of On-Site Contact: \_\_\_\_\_  
Facility Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Of On-Site Contact: \_\_\_\_\_  
Comments: \_\_\_\_\_

## Main Office

Name Of Company: \_\_\_\_\_  
Owner Of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

### Facility Personnel Responsible for Quality:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cert. Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cert. Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cert. Number: \_\_\_\_\_

**TO BE COMPLETED BY MATERIALS & TESTS UNIT REPRESENTATIVE:**  
I certify that the foregoing entries are correct

M&T Representative: \_\_\_\_\_

Date: \_\_\_\_\_