

TIA Program - Local Let Project - Materials Quality Assurance

SE	LECT ONE:		
	Request GDOT to perform Materials Testing (Complete Section 1)		
	Request Approval for Consultant Quality Assurance Materials Testing (Complete Sections 1 and 2)		
Sec	ction 1		
GDC	OT Contract ID Number/Proposed Let Date	e:	
	Il Govt. Responsible for Letting Project: Il Govt. Project Manager Contact Name &		
1) Ro layer			n the project: nkment, pipe backfill, subgrade and all asphalt
LISU	GDOT RTT Certification Number	Name/ Employer	
	oncrete **- GDOT Certified Concrete technicity		rete testing (slump, air, cylinders)
	GDOT Concrete Certification Number	Name/ Employer	
Attac	ch additional sheets as necessary.		
NOTE	ease note if a Bridge or other major structure E: Labs performing any testing shall be accred ITO Accreditation Program (AMRL and/or CCF	ited in the testing to be performed (i.e. AAS	HTO T-22 or ASTM C-39 for concrete cylinders) by th
GDO aspha Supe		ss. The Local Government is responsible f	lant. GDOT will perform Verification Testing at toor notifying GDOT's Testing Management Operation
	APPROVED:		
	TIA Progra	m Manager	Date