

STATE OF LOUISIANA  
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
MATERIALS AND TESTING SECTION  
**PRELIMINARY INFORMATION FORM**  
**FOR**  
**AGGREGATE SOURCE APPROVAL**  
(Please print or type)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

City: \_\_\_\_\_ FAX No. : \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Aggregate: \_\_\_\_\_

Date Submitted: \_\_\_\_\_  New Application  Annual Verification

Trade name of Aggregate (if applicable): \_\_\_\_\_

**Source:** The following information applies to the point of origin of the aggregate such as quarry, pit, manufacturing plant, or site of reclamation.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box/Street City State

Site Location: \_\_\_\_\_

GPS Coordinate: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Details as to the extent and location of material within source (Quarry face, ledge elevations and thickness, etc.) and Overburden Material \_\_\_\_\_

**Material Composition:**

Discription of Material: \_\_\_\_\_

Is material naturally occurring? (Y/N) \_\_\_\_\_ Is the material manufactured aggregate? (Y/N) \_\_\_\_\_

Is material a by-product or waste product of a chemical or manufacturing process? (Y/N) \_\_\_\_\_

Description of process attached? (Y/N) \_\_\_\_\_ Copy of Quality Control Program Attached? (Y/N) \_\_\_\_\_

Alternate or comparable to what existing materials or product: \_\_\_\_\_

Meets requirements of following specifications:

AASHTO \_\_\_\_\_ ASTM \_\_\_\_\_ FHWA \_\_\_\_\_ Other \_\_\_\_\_

Availability: Seasonal? (Y/N) \_\_\_\_\_ Devlivery at site \_\_\_\_\_

Are Quantities Limited? (Y/N) \_\_\_\_\_ Volume readily available: \_\_\_\_\_  
Estimate

New on market? (Y/N) \_\_\_\_\_ Date introduced: \_\_\_\_\_ Estimated cost per unit: \_\_\_\_\_

Will special handling be required to use or test material? (Y/N) \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has this material been previously evaluated by LDOTD or LTRC? (Y/N) \_\_\_\_\_ When: \_\_\_\_\_

\*(If yes please attach test report) Previous Sourse Code (if applicable): \_\_\_\_\_

What other government agencies have used this material?

Agency: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

General Notes:

1. All materials required for evaluation shall be furnished by the Source/Distributor at no cost to the Louisiana Department of Transportation and Development.
2. A separate form will be required for each aggregate source and type of aggregate submitted for evaluation.
3. Incomplete forms and/or erroneous information furnished as part of this form will result in the material being rejected for testing.
4. The Department reserves the right to return all unused samples to the source.
5. For source approval, limestone aggregate sources intended for use in Portland Cement Concrete (PCC) need to provide results of evaluation for alkali carbonate reactivity utilizing AASHTO PP65-11. Failure to do so will automatically prevent the aggregate from being approved for used in PCC.

Data resulting from the evaluation of the submitted aggregate is public information and will not be considered privileged. The source is hereby notified that the Louisiana Department of Transportation and Development reserves the right to release or distribute any of the information included in or attached to this form and the test results obtained as part of our laboratory testing and field evaluation.

The Louisiana Department of Transportation and Development will not consider any new product for testing until this form is completed, signed (below) by an authorized official of the Source, and returned to the Coordinator at the address shown below: Distributor information is for internal use only.

Louisiana Department of Transportation and Development  
Materials and Testing Section  
5080 Florida Boulevard  
Baton Rouge, Louisiana 70806-4123

The undersigned hereby certifies that all information submitted with this application is accurate and correct to the best of their knowledge.

**SOURCE CONTACT/REPRESENTATIVE**

Name: \_\_\_\_\_  
Please print or type

Title: \_\_\_\_\_

Signed: \_\_\_\_\_

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

**Distributor Information (If different than Aggregate Source):**

The following information applies to the company that markets the aggregate.

Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box/Street City State Zip

Background discription of company offering this proposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intended use of aggregate:

Primary: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

**DISTRIBUTER**

Name: \_\_\_\_\_  
(Please print or type)

Title: \_\_\_\_\_

Signed: \_\_\_\_\_

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