

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 Code: _____

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 (____) _____

E-Mail Address _____

Address: _____

P. O. Box or Street

City

State

Zip

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

Description of Composition of Material _____

Is material naturally occurring? (Y/N) _____ Is material a 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) _____ Delivery 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 the LDOTD or LTRC? (Y/N): _____ When: _____

(If yes, please attach test report.) Previous Source Code (if applicable): _____

What other government agencies have used or tested 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 No. () _____ FAX () _____

E-Mail Address: _____

Address: _____

P. O. Box or Street _____ City _____ State _____ Zip _____

Background Description of Company Offering this proposal:

Intended Uses of Aggregate: _____

Primary: _____

Alternate(s): _____

DISTRIBUTOR

Name: _____
(Please print or type)

Title: _____

Signed: _____

Date: _____