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**AGGREGATE PRODUCER APPROVAL APPLICATION**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

(IF MORE THAN ONE; i.e., Regional Offices, etc., PLEASE ATTACH LIST AND AREA COVERED.)

1. Are copies of current applicable specifications, aggregate testing IMs and source information data such as geologic sections available at the respective sources or testing facilities? (Yes or No) If No, explain.

2. Is a plant production log maintained on a daily basis and available for inspection? (Yes or No) If No, explain

3. Who (position) is responsible for production notification to the Area Materials Coordinator?

4. Which company representative (position) is normally responsible for daily overall Quality Control processes at the source?

5. Describe the certified stockpile identification system in place at each source (Map, signing, etc.)

6. Please attach a detailed summary of your Quality Control Program. (**NOTE:** Please refer to Guidelines for Required Aggregate Producer Quality Control Program.)

7. Please attach a flow chart of your current Quality Control structure (Include names, addresses, phone numbers of appropriate management personnel, chain of command, etc., for problem resolution).

Indicate the District(s) for which you have operations to produce State of Iowa Certified material.

1                      2                      3                      4                      5                      6

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DME RECOMMENDATIONS \_\_\_\_\_

DME SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL (YES or NO) REMARKS \_\_\_\_\_

**CENTRAL MATERIALS SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

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