

---

**RAS SOURCE APPROVAL APPLICATION**

**Supplier Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

(IF MORE THAN ONE SOURCE PLEASE ATTACH LIST AND AREA COVERED.)

1. What testing laboratory capable of determining gradation, deleterious content, and moisture content will be used \_\_\_\_\_
2. Are copies of current applicable specifications, testing IMs and source information data available at the respective sources or testing facilities? (Yes or No) If No, explain.
3. Is a production log maintained on a daily basis and available for inspection? (Yes or No) If No, explain.
4. Who (position) is responsible for production notification to the District Materials Engineer?
5. Which company representative (position) is normally responsible for daily overall Quality Control processes at the source?
6. Describe the certified stockpile identification system in place at each source (Map, signing, etc.)
7. Please attach a detailed summary of your Quality Control Program and plans for identifying and removing asbestos containing materials.
8. 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 are seeking approval.

1                      2                      3                      4                      5                      6

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

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

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

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

MATLS. ENGINEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---