

# CERTIFICATE OF COMPLIANCE

## INSTRUCTIONS

Refer to Publication 2, Project Office Manual, Section B.6.3 for additional guidance in completing this Form.

**1. COUNTY, LR/SR, SEC/SEG. ECMS#**

To be completed by the party that will ship the material to the construction project, otherwise leave blank.

**2. NAME OF MANUFACTURER, FABRICATOR, COATER, PRECASTER OR PRODUCER**

- Check appropriate box; manufactured, fabricated, coated, precasted or produced as appropriate. If a single company performs more than one operation (e.g., a company manufactures and coats guiderail), more than one box may be checked.
- Also, provide the name and the supplier code of the manufacturer, fabricator, coater or precaster of the material listed in Bulletin #15 or the name and the supplier code of the Producer of material listed in Bulletin # 14, 41 or 42.
- To be completed by the party that is shipping approved material to the next destination.

**3. MEETS SPECIFICATION REQUIREMENTS**

To be completed by the party that is shipping approved material to the next destination.

**4. SHIPPED TO**

List the name of the company that material is being shipped to.

**5. LOT NUMBER, QUANTITY, DESCRIPTION OF MATERIAL**

To be completed by the party that is shipping approved material to the next destination.

**6. CHECK THIS BLOCK IF YOUR PRODUCT CONTAINS IRON OR STEEL**

To be completed by the party that is shipping approved material to the next destination.

**7. VENDOR CLASSIFICATION (CHECK ONE BLOCK ONLY)**

If you are a Manufacturer, Fabricator, Coater or Precaster listed in Bulletin #15, or a Producer listed in Bulletin # 14, 41 or 42, check block # 1.

If you are a \*Distributor, \*Supplier or \*Private Label Company of Bulletin #15 items, check block # 2.

(\* - These categories are not eligible for listing in Bulletin #15, however, you may provide material for PennDOT projects on condition that the material being shipped is listed in Bulletin #15.)

**8. CERTIFICATION REQUIREMENTS, Name, Title, Date, Company Name, and Signature**

Enter the required information and sign the Certificate of Compliance form.

**9. COMPLETE LINE # 9 ONLY IF YOU CHECKED BLOCK # 2 ON LINE # 7, OTHERWISE LEAVE BLANK**

List company that sold the material to you. (Company Name)

**IN ADDITION:**

- 2. & 5.** Private Label Companies who complete the Certificate of Compliance form CS-4171 must identify the true manufacturer (Line 2) and the approved material (Line 5) as it is listed in Bulletin # 15 under that manufacturers listing.

After completing the Certificate of Compliance form CS-4171, maintain the original at your company's location. A copy of the Certificate of Compliance form must accompany your material shipment to its next destination. Also, if you receive material shipments from other companies related to PennDOT projects, the accompanying Certificate of Compliance forms must be kept on file at your location. These files must be available for inspection and verification by a Department Representative for a period of not less than THREE years from the date of the last shipment.



# CERTIFICATE OF COMPLIANCE

1. **◆COUNTY:** \_\_\_\_\_ **◆LR/SR:** \_\_\_\_\_ **◆SEC/SEG:** \_\_\_\_\_ **◆ECMS#:** \_\_\_\_\_  
 (◆ - To be completed by the party that will ship the material to the project, otherwise leave blank.)

2. I / WE hereby certify that the material listed on line 5 was:  
*If a single company performs more than one operation (e.g., a company manufactures and coats guiderail), more than one box may be checked.*  
 Manufactured     Fabricated     Coated     Precasted     Produced

By \_\_\_\_\_  
 (Name of Manufacturer, Fabricator, Coater, Precaster or Producer) (Supplier Code)

3. and the party listed above certifies that the material(s) on line 5 meets the requirements of  
**Publication 408**, Section(s) \_\_\_\_\_  
**AASHTO, ASTM**, Federal or other designation \_\_\_\_\_

4. The material listed below is being shipped to: \_\_\_\_\_  
 (Company Name)

5. LOT NO.	QUANTITY	APPROVED MATERIAL AS LISTED IN BULLETIN # 14 or 15 BULLETIN # 41 or 42 PRODUCERS, LIST HMA / PCC JMF.

6.  **CHECK HERE IF YOUR PRODUCT CONTAINS IRON OR STEEL.** I certify the material identified above conforms to Sections 106.01 and 106.10(a) of Publication 408.

**CHECK ONE OF THE TWO BOXES:**  
 Product is 100% US Steel.       Product contains minimal foreign steel in accordance with Act 3 and Buy America Attach receipts verifying the cost of the product's foreign steel and domestic steel.

**CHECK THE BOX THAT APPLIES TO YOUR PRODUCT:**  
 'Identifiable Steel' - Steel products that contain permanent markings that identify that the material was melted and manufactured in the United States. **Only Form CS-4171 is required.**  
 Steel Products with In-Plant Inspection by a Department Representative - Steel products and products containing steel which received in-plant inspection by the Department or Department representative where it was verified that the steel was melted and manufactured in the United States. **Only Form CS-4171 is required.**  
 'Unidentified Steel' – Steel products that do not meet the definition of "Identifiable Steel" and do not receive in-plant inspection as defined above. **Attach supporting documentation including invoices, bills of lading and mill test reports that positively identify that the steel was melted and manufactured in the United States.**

7. **VENDOR CLASSIFICATION (CHECK ONE BLOCK ONLY) -**  
 #1 **Manufacturer, Fabricator, Coater, Precaster Listed in Bulletin # 15, or Producer Listed in Bulletin # 14, 41 or 42**  
*I certify that the above statements are true and to the best of my knowledge, fairly and accurately describe the product(s) listed.*  
 #2 **Distributor, Supplier or \*Private Label Company Not Listed in Bulletin # 15. Also, complete line 9**  
*I certify that the material being supplied is one and the same as provided to us by the manufacturer listed on this document and quantities listed above are accurate.*

8. **NAME (print) :** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**COMPANY NAME :** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 By Responsible Company Official

9. List company that sold you the material(s) documented above: \_\_\_\_\_  
 (Complete if you checked Block # 2 on line # 7, otherwise leave blank.) (Company Name)