



# CERTIFICATE OF COMPLIANCE FOR DAILY BITUMINOUS MIXTURES

Plant: \_\_\_\_\_

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

Plant Code: \_\_\_\_\_

Job Mix Formula (Year-Number): \_\_\_\_\_ Material Class: \_\_\_\_\_

ESALS: \_\_\_\_\_ SRL: \_\_\_\_\_ PG Grade: \_\_\_\_\_

**Publication 408, Section:** \_\_\_\_\_

Consigned to:

PennDOT Maintenance: \_\_\_\_\_ County: \_\_\_\_\_ P.O. No. \_\_\_\_\_

Contractor: \_\_\_\_\_ S.R.: \_\_\_\_\_ Section: \_\_\_\_\_

Group / P.O.C. No.: \_\_\_\_\_ ECMS No.: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

**Wearing Course:** \_\_\_\_\_ **Binder Course:** \_\_\_\_\_ **Base Course:** \_\_\_\_\_

**Tons Shipped:** \_\_\_\_\_ **Daily AASHTO T209 Density:** \_\_\_\_\_

Test Results	%AC	Pass #8	Pass #200	Air Voids		VMA	
				Specimen #1	Specimen #2	Specimen #1	Specimen #2
Daily No. 1							
Daily No. 2							
Daily No. 3							
Daily Avg.							
Running Avg. of 5							

**Please select the Payment Factor percentage below, based on Pub 408 Sec. 409.4(a) Table H:**

- 100% Payment Factor:** The material as listed above shipped on this date conforms fully with the specification requirements of the Pennsylvania Department of Transportation. Our records, attesting to this statement, are open for inspection by a Department Representative for not less than **THREE** years from the date of shipment.
  
- 85% Payment Factor:** The material as listed above shipped on this date does not conform to the certification tolerances for 100% pay as listed in Pub 408 Sec. 409.2(e) Table A. A reduced pay factor has been applied and QC test results are being forwarded to the Inspector-in-Charge. Our records attesting to this statement are open for inspection by a Department Representative for not less than **THREE** years from the date of shipment.
  
- Defective Pavement:** The material as listed above shipped on this date does not conform to the certification tolerances for 100% pay as listed in Pub 408 Sec. 409.2(e) Table A. QC test results are being forwarded to the Inspector-in-Charge which indicate material must be removed and replaced or accepted at 50% CUP with District Executive approval in writing. Our records attesting to this statement are open for inspection by a Department Representative for not less than **THREE** years from the date of shipment.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Shipped: \_\_\_\_\_