



SUBMIT BY
E-MAIL

Print Form

APA SERVICES REQUEST FORM

Date _____

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (If different than above) _____

Purchase Order Number _____

Phone: _____ Fax: _____

E-mail: _____

Service Requested (Indicate Quantity of Test Sets)

1. Rut Susceptibility Testing for ODOT SP00745 Requirements: Specimens will be mixed and compacted using the APAO's SuperPave Gyrotory Compactor. Specimens will be tested per AASHTO T 340-10.

Qty: _____ @ \$1,100.00 ea. = _____

2. Other Rut Testing for APAO Members (Test Only): Specimens will be provided by the Member. Specimens will be tested per AASHTO TP 63-03. unless directed otherwise.

Qty: _____ @ \$ 630.00 ea. = _____

3. Other Rut Testing for Non-Member Customers (Test Only): Specimens will be provided by the Customer. Specimens will be tested per AASHTO TP 63-03. unless directed otherwise.

Qty: _____ @ \$ 740.00 ea. = _____

Paving Date _____

Kevin Berklund, Lab Manager

5240 Gaffin Road SE Salem 97317

Ph: 503-363-3858 Fx: 503-363-5571

E-Mail: kberklund@apao.org