

**Arkansas Asphalt Pavement Association  
COMMERCIAL QUALITY PAVING AWARD  
Nomination Form**

**Project Category** (indicate which category the nomination is being submitted)

- Commercial Parking Facility
- Local Road or Street
- Airport Paving
- Special Use Pavement (i.e. bikeways, raceways, etc.)
- Other \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Location** (Please include map from Mapquest or other source. Provide project limits.)

\_\_\_\_\_  
\_\_\_\_\_

**Description** (suggested information: type of work, work significance, pavement makeup, unique constructability issues, or other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tonnage of HMA Materials Placed:**

\_\_\_\_\_  
\_\_\_\_\_

**Description and amount of recyclable material used in project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Quality Control Measures Performed** (Please include/attach information regarding the quality control measures performed at the mixing facility during production, and quality control measures performed in the field during the time of placement. These include: QC reports, density testing results, profilograph measurements, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prime Contractor Name and Contact Person:**

(Contractor name) \_\_\_\_\_  
(Contact name) \_\_\_\_\_  
(phone) \_\_\_\_\_ (email) \_\_\_\_\_

**Paving Contractor Name and Contact Person:** (*if different from Prime*)

(Contractor name) \_\_\_\_\_  
(Contact name) \_\_\_\_\_  
(phone) \_\_\_\_\_ (email) \_\_\_\_\_

(see next page)

**Asphalt Producer Name and Contact Person:**

(Asphalt Producer name) \_\_\_\_\_  
(Contact name) \_\_\_\_\_  
(phone) \_\_\_\_\_ (email) \_\_\_\_\_

**Foreman Name and Contact Person:**

(Foreman name) \_\_\_\_\_  
(Contact name) \_\_\_\_\_  
(phone) \_\_\_\_\_ (email) \_\_\_\_\_

**Highway Inspector Name and Contact Person:**

(Highway Inspector name) \_\_\_\_\_  
(Contact name) \_\_\_\_\_  
(phone) \_\_\_\_\_ (email) \_\_\_\_\_

**Owner of Pavement and Contact Person:**

**(Also attach acceptance, approval information or letters from owner.)**

(Owner name) \_\_\_\_\_  
(Contact name) \_\_\_\_\_  
(phone) \_\_\_\_\_ (email) \_\_\_\_\_

**FORMS AND PHOTO CAN BE MAILED TO:**

Arkansas Asphalt Pavement Association  
PO Box 24304  
Little Rock, AR 72221

**OR EMAILED TO: [office@arasphalt.com](mailto:office@arasphalt.com)**

**A PHOTOGRAPH OF THE PAVEMENT MUST ACCOMPANY THIS FORM**

**Submission deadline: February 8, 2021**

**ARKANSAS ASPHALT PAVEMENT ASSOCIATION  
 ASPHALT PAVING AWARDS PROGRAM**

**FORM 1B**

Project # \_\_\_\_\_

Contractor Company \_\_\_\_\_

Mix Type \_\_\_\_\_

(example: ACHM Surface Course 25 mm)

*Mix design values must be shown on form.*

**MIX DESIGN VALUES**

Mix Description	Air Voids %	A.C. Content %	VMA	Density %
Lot Number	ACTUAL	ACTUAL	ACTUAL	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**NOTES:**

- (1) Add mix design criteria to field test results
- (2) This form to be used for normal ACHM Base, Binder and Surface Courses
- (3) Please reproduce this form as needed
- (4) Attach any supplemental information