

**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

A PHOTOGRAPH OF THE PAVEMENT MUST ACCOMPANY THIS FORM

Submission deadline: February 7, 2025

**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