

SUBMISSION CHECKLIST

AAPA Quality Asphalt Paving Awards

Please check the boxes below to ensure that your project submission is complete.

- ☐ One (1) 8"x10" CLOSE-UP picture of a site on the project (shows surface texture) – *MUST BE HIGH RESOLUTION*
- ☐ One (1) 8"x10" FULL PROJECT photo – *MUST BE HIGH RESOLUTION*
- ☐ *(Optional)* Drone footage of project
- ☐ Completed Form "A"
- ☐ Completed ACHM mix properties information on Form "1B"
- ☐ *(Pavement Preservation projects only)* Completed form "2B or 2C"
- ☐ Completed Form "C"
- ☐ Confirmed with Resident Engineer that information is accurate and that this project will only be submitted once

Submitter Name: _____

Submitter Signature: _____

Submitter Email/Phone: _____

Failure to complete all requirements may result in your submission being disqualified

Current forms must be used – if old forms are submitted, they may be disqualified

RETURN ALL FORMS TO:

Arkansas Asphalt Pavement Association

PO Box 24304, Little Rock, AR 72221

OR EMAIL TO: office@arasphalt.com

Submission deadline: February 6, 2026

ARKANSAS ASPHALT PAVEMENT ASSOCIATION
Nominations for Asphalt Paving Awards

FORM A

CATEGORY:

☐ **Multi-Lane Highway** (Forms A, 1B and C)

Four or more lanes
Interstates and Divided Highways

☐ **Two-Lane Highway** (Forms A, 1B and C)

ADT Greater than 2000

☐ **Two-Lane Highway** (Forms A, 1B and C)

ADT Less than 2000

☐ **State Aid Roads - County** (Forms A, 1B and C)

State Aid County Projects

☐ **State Aid Streets - City** (Forms A, 1B and C)

City Aid Street Projects

☐ **Pavement Preservation** (Forms A, 2B or 2C and C)

Surface Treatment Projects

REGION # _____ DISTRICT # _____

Project Number: _____ Highway Number (if applicable): _____

Nearest Town: _____ County: _____

1. **Prime Contractor:** _____

Contact: _____ Phone #: _____

Email: _____ Location: _____

2. **Paving Contractor (if different from Prime):** _____

Contact: _____ Phone #: _____

Email: _____ Location: _____

3. **Asphalt Producer:** _____

Contact: _____ Phone #: _____

Email: _____ Location: _____

4. **Foreman:** _____

Contact: _____ Phone #: _____

5. **Highway Inspector:** _____

Contact: _____ Phone #: _____

6. **Resident Engineer:** _____

Location: _____ Phone #: _____

Date Completed: _____ Photo Attached (*give location photo taken*): _____

Submitted By (please include name and title): _____

**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

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

FORM 2B

**PAVEMENT PRESERVATION FORM
ULTRA THIN BONDED WEARING COURSE**

Project # _____

Contractor Company _____

Mix Type _____
(example: ACHM Surface Course 25 mm)

MIX DESIGN VALUES				
Mix Description	A.C. Content %	Sieve Size	Gradation Spec	Gradation Actual
Lot Number	ACTUAL			
		3/4"		
		1/2"		
		3/8"		
		#4		
		#8		
		#16		
		#30		
		#50		
		#100		
		#200		
MIX TYPE=	TYPE _____			

- NOTES: (1) Please reproduce this form as needed
(2) This form to be used for Ultra Thin Bonded Wearing Course Projects
(3) Attach any supplemental information

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

FORM 2C

**PAVEMENT PRESERVATION FORM
CHIP & SEAL**

Project # _____
Contractor Company _____

Emulsion		Sieve	Gradation Spec	Gradation Actual
Shot Rate		Size	AGGREGATE =	CLASS _____
Lot	Design	Actual		
		3/4"		
		1/2"		
		3/8"		
		#4		
		#10		
		#16		
		Decant	1.5% Max	
Emulsion Type				
		3/4"		
		1/2"		
		3/8"		
		#4		
		#10		
		#16		
		Decant	1.5% Max	
Emulsion Type				

NOTES: (1) Please reproduce this form as needed
(2) Attach any supplemental information

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ASPHALT PAVING AWARDS PROGRAM**

FORM C

Project # _____
Contractor Company _____

SMOOTHNESS

This project was tested by: _____ 10-foot straight edge
_____ Profilograph

There are _____ diamond grinds on this project.

There are _____ one-mile profilograph units with reduced pay.

TIME FRAME

This project was completed in the allotted time frame? _____ **YES**
_____ **NO**

If NO, _____ days of liquidated damages.

INCENTIVES

This project received incentive pay for: please circle one.

1 ACHM mix properties	YES	NO
2 Ride incentives	YES	NO

(Please reproduce this form as needed)