



AGGREGATE PREQUALIFICATION REQUEST

(Rev 03/2022)

To prequalify an aggregate source, complete this form and email to: APP.Admin@dot.ca.gov

Caltrans Tracking No.

CONTACT INFORMATION

Name of person submitting the request: _____

Phone number: _____

E-mail address: _____

Name of certified personnel collecting the sample: _____

Phone number: _____

E-mail address: _____

AGGREGATE INFORMATION

Mine name: _____

SMARA #: _____

Address: _____

Location of sample collection including the district: _____

Aggregate size(s): _____

Preferred sampling date (must be at least 7 business days after submission of this request): _____

LABORATORY INFORMATION FOR QC TESTING

Name of accredited laboratory performing tests: _____

Address: _____

Phone number: _____

E-mail address: _____

CALTRANS LABORATORY QA TESTING

Please select the laboratory QA samples will be shipped to.

Caltrans HQ Transportation Laboratory (Translab)
Attn: Aggregate Prequalification Program, Aggregate Lab
5900 Folsom Boulevard
Sacramento, CA 95819-4612

South Regional Laboratory (SRL)
Attn: Aggregate Prequalification Program, Aggregate Lab
13970 Victoria Street
Fontana, CA 92336-0877

ADDITIONAL INSTRUCTIONS

Allow 5 business days before contacting APP administrator after submission of this request.

Personnel collecting samples must be IA certified for CT 125. A list of certified testers can be found on [SIAD website](#).

Visit [APP website](#) for further information.

Signature: _____

Date: _____