**Local Assistance Procedures Manual EXHIBIT 16-W Source Inspection Request to TransLab**

**SAMPLE COVER MEMO SOURCE INSPECTION REQUEST**

**FROM LOCAL AGENCY’S RESIDENT ENGINEER TO CALTRANS’ OFFICE OF MATERIALS ENGINEERING AND TESTING SERVICES**

***(Prepared by Applicant on Applicant Letterhead)***

**To:** Office of Materials Engineering & Testing

Services, MS #5

California Department of Transportation

5900 Folsom Blvd. Sacramento, CA 95819

**Date:**

**EA:**

**Project Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subject: (Source Inspection for Project Name, County)**

We are requesting that Caltrans provide Source Inspection (reimbursed) services for the above-mentioned project. We requested and received prior authorization for this service from our district Local Assistance Engineer, as noted by the attached approval memo from District Local Assistance Engineer.

Please find the following documents enclosed as required:

1. Completed CEM-3101

2. One set of PS&E

Any question you might have about the materials, to be inspected, should be directed to: , at (phone #) .

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(***Applicant Representative Name***)

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(***Title***)

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(Local agency, name & address)

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