

**CONTRACTOR  
NOMINATION FORM**

*BEST ASPHALT PAVING PROJECT*

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**SPONSORED BY: ASPHALT PAVEMENT ASSOCIATION OF OREGON**



**5240 Gaffin Road SE  
Salem, OR 97317**

**PH: 503-363-3858 FX: 503-363-5571**

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**RETURN BY: SEPTEMBER 14, 2007**

CONTRACTOR : \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

PAVING LIMITS FROM: \_\_\_\_\_

TO: \_\_\_\_\_

Type of Construction:

**CATEGORY:**

|                            |                              |                       |
|----------------------------|------------------------------|-----------------------|
| New: _____                 | Commercial/Industrial: _____ | State Highway: _____  |
| Overlay: _____             | EAC: _____                   | Urban: _____          |
| Widen & Overlay: _____     | Rural: _____                 | Urban Arterial: _____ |
|                            | Special: _____               | Smoothness: _____     |
| Base Rock Thickness: _____ | Type of Mix: _____           |                       |
| Paving Thickness: _____    |                              |                       |
| No. of Paving Lifts: _____ |                              |                       |
| Completion Date: _____     |                              |                       |

**CONTRACTOR PERSONNEL**

(PLEASE LIST -MAXIMUM- OF **THREE** PERSONS TO BE ENGRAVED ON PLAQUE - IF AN AWARD IS WON)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

For Information Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**AGENCY PERSONNEL**

Agency: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Engineer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Project Inspector: \_\_\_\_\_