



APA SERVICES REQUEST FORM

Date _____

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (If different than above) _____

Purchase Order Number _____

Phone: _____ Fax: _____

E-mail: _____

Service Requested (Indicate Quantity of Test Sets)

1. Rut Susceptibility Testing for ODOT SP00745 Requirements: Specimens will be mixed and compacted using the APAO's SuperPave Gyratory Compactor. Specimens will be tested per AASHTO T 340-10.

Qty: _____ @ \$1,100.00 ea. = _____

2. Other Rut Testing for APAO Members (Test Only): Specimens will be provided by the Member. Specimens will be tested per AASHTO TP 63-03. unless directed otherwise.

Qty: _____ @ \$ 630.00 ea. = _____

3. Other Rut Testing for Non-Member Customers (Test Only): Specimens will be provided by the Customer. Specimens will be tested per AASHTO TP 63-03. unless directed otherwise.

Qty: _____ @ \$ 740.00 ea. = _____

Paving Date _____

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