

CCIL Asphalt Laboratory Certification Application CHANGE Form

<u>GENERAL LABORATORY INFORMATION</u>			
Reason for Change: _____			
Laboratory Name: _____			
(Exactly as it will appear on the certificate - please print)			
CCIL Lab No.: _____	Permanent Lab Address: _____		
Mobile Lab No.: _____	_____		
<u>Mailing Address for All Correspondence</u>			
Street Address or PO Box No.: _____			
City / Town: _____	Prov.: _____	Postal Code: _____	_____
Telephone: _____	Fax: _____		
Contact Person for Mailing: _____		E-mail: _____	
<u>Invoicing Information</u>			
Street Address or PO Box No.: _____			
City / Town: _____	Prov.: _____	Postal Code: _____	_____
Telephone: _____	Fax: _____		
Contact Person for Invoicing: _____		E-mail: _____	
<u>Asphalt Sample Delivery</u> <i>(PO Box No. is not acceptable for sample delivery)</i>			
Address for Asphalt Sample Delivery:			
Street Address: _____			
City / Town: _____	Prov.: _____	Postal Code: _____	_____
Telephone: _____	Fax: _____		
Attention to: _____		E-mail: _____	

ASPHALT LABORATORY PERSONNEL

Engineering Manager : _____ P. Eng. : _____

(P.Eng. or Equivalent) _____ CET: _____

Title: _____ Other: _____

Location: _____

Telephone: _____ Cell (optional): _____

Email: _____

Laboratory Supervisor: _____

Title: _____

Location: _____

Telephone: _____ Cell (optional): _____

Email: _____

Contact Person: _____

Title: _____

Location: _____

Telephone: _____ Cell (optional): _____

Email: _____

Signature of Laboratory Engineering Manager: _____

(P.Eng. or Equivalent)

Date: _____