

KANSAS DEPARTMENT OF TRANSPORTATION

CERTIFICATION OF AGGREGATE USED BY: _____
 (Producer or Contractor Name)

KDOT CONTRACT NUMBER: _____

KDOT PROJECT NUMBER: _____

| | AGGREGATE DESCRIPTION | QUANTITIES (TONS OR CU. YD.) | LOCATION OF DEPOSIT | | | | LEDGE, BEDS, OR THICKNESSES | KDOT QUALITY CMS NO. |
|---|-----------------------|------------------------------|---------------------|----------|-------|--------|-----------------------------|----------------------|
| | | | SECTION | TOWNSHIP | RANGE | COUNTY | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

This is to certify (check applicable box)

All the aggregates described above:

- (A) That will be provided to the project are in compliance with all applicable specifications.
- (B) That were provided to the project were in compliance with all applicable specifications.

 CMS Producer Code

 Name of Producer

 Date

 Signature

 Title