



American
Concrete Pipe
Association

APPLICATION ACPA PLANT CERTIFICATION

Date _____

Name of Plant _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Plant Manager _____ Liaison to ACPA Inspector _____

Send Inspection Report to: _____ e-mail: _____

Check here to receive e-mail reports

Mailing Address: (to receive paper reports) _____

Hours of Operation: _____ Nearest Airport: _____

Driving directions from airport to plants:

Nearest Hotel: _____

Primary products manufactured. Please be specific:

Production methods (check all that apply):

- | | | | | |
|-------------------------------------|--|--|--|---|
| <u>Concrete</u> | <u>Consolidation</u> | <u>Curing</u> | <u>Joint Configurations</u> | |
| <input type="checkbox"/> Dry cast | <input type="checkbox"/> Form vibrators | <input type="checkbox"/> Steam curing | <input type="checkbox"/> Bell and Spigot | <input type="checkbox"/> Steel End Ring |
| <input type="checkbox"/> Wet cast | <input type="checkbox"/> Stinger vibrators | <input type="checkbox"/> Curing hoods, Tarps | <input type="checkbox"/> Tongue and Groove | <input type="checkbox"/> Other |
| <input type="checkbox"/> Packerhead | <input type="checkbox"/> Vibration tables | <input type="checkbox"/> Water curing | <input type="checkbox"/> Confined O-ring | |
| <input type="checkbox"/> Spun | <input type="checkbox"/> Hydraulic header | <input type="checkbox"/> Other | <input type="checkbox"/> Single Offset | |
| | <input type="checkbox"/> Roller head | | | |

If needed, additional sheets should be added to application to describe any of the above information.

Note: If applying for combined Storm Sewer and Sanitary Sewer Recertification, please have sanitary sewer pipe available for testing. Please provide dates of scheduled shutdown for the next 6 months. _____

Note: If applying for Box Culvert Certification, please have two joints of box culverts available for testing. Please provide dates of scheduled shutdown for the next 6 months. _____

CERTIFICATION TYPE

STATUS

- | | | | |
|---|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Storm Sewer and Culvert Pipe | <input type="checkbox"/> Member | <input type="checkbox"/> Initial Certification | <input type="checkbox"/> Re-audit |
| <input type="checkbox"/> Combined Storm and Sanitary Sewer | <input type="checkbox"/> Non Member | <input type="checkbox"/> Recertification | |
| <input type="checkbox"/> Box Culvert (May be selected alone or with one of the pipe certifications) | | | |
| <input type="checkbox"/> Manholes (May be selected alone or with one of the pipe certifications) | | | |
| <input type="checkbox"/> Other Precast Concrete Products (Maybe selected alone or with one of the pipe or box culvert certifications) | | | |

Please complete application and return to ACPA.

1303 West Walnut Hill Lane, Suite 305
972-506-7216 FAX 972-506-7682

Irving, Texas 75038-3008
e-mail: info@concrete-pipe.org

*** All inspections after the first year are unannounced. The auditing firm requires a schedule of shutdowns in order to conduct inspections when plants are operating.**