



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**

- Storm Sewer and Culvert Pipe
- Sanitary Sewer
- Box Culvert/Three-sided Precast Structures
- Manholes
- Sanitary Manholes
- Other Precast Concrete Products

**STATUS**

- Member
- Non Member
- Initial Certification
- Recertification
- Re-audit

Full Plant Certification (If Full Plant Certification is chosen, please check all products above that are produced at this plant.)

***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](mailto: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.**