

**PTTn PROFICIENCY SAMPLE PROGRAM (COARSE AGGREGATE 273-283-293-303-313)**

**REQUEST FORM**

We would like to participate in the following Proficiency Sample Programs. Please send the series of samples indicated below:

<b>COARSE AGGREGATE</b>	<b>RELATIVE DENSITY AND ABSORPTION</b> (ASTM C127)	[273]	<input type="checkbox"/>
	<b>LOS ANGELES</b> (ASTM C131)	[283]	<input type="checkbox"/>
	<b>MATERIALS FINER THAN 75µm</b> (ASTM C117)	[293]	<input type="checkbox"/>
	<b>SIEVE ANALYSIS OF FINE AND COARSE AGGREGATES</b> (ASTM C136)	[303]	<input type="checkbox"/>
	<b>SOUNDNESS</b> (ASTM C88)	[313]	<input type="checkbox"/>

1/ Participants are invited to perform tests as the majority of **routinely** tested sample.

2/Ultimately, though, it is the responsibility of the participating laboratories to avoid **collusion or falsification of results**. Laboratories found to be falsifying results may be refused participation in subsequent proficiency tests.

3/**Confidentiality** of individual laboratory results will be maintained. However, general information regarding the round of testing, such as statistical summary tables and z-score associated with the analysis of data.

If your laboratory is currently enrolled in the **PTTn** Proficiency Sample Program, please enter your **Lab Number:** \_\_\_\_\_

**LABORATORY TYPE:**      **Independent**      **Producer**      **Research**  
                                                                           

**CONTACT NAME:** \_\_\_\_\_

**LABORATORY NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**MOBILE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**\*Note: If shipping address for COURIER delivery is different from physical address, please indicate below:**

\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE TO RETURN BACK THIS FORM TO PTTn AT [info@pt-tn.com](mailto:info@pt-tn.com)**

**For PTTn Office Use Only**

REQUEST REVIEWED BY: <b>TECHNICAL MANAGER</b>
SIGNATURE: