

UTAH DEPARTMENT OF TRANSPORTATION  
CENTRAL MATERIALS LABORATORY REQUEST FOR TESTING

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Org. Number / Consultant: \_\_\_\_\_

Project Change ID, (required): \_\_\_\_\_ PIN #: \_\_\_\_\_

Station or Source: \_\_\_\_\_

Date Sampled: \_\_\_\_\_

Date Received - Region Lab: \_\_\_\_\_ Central Lab: \_\_\_\_\_

Sample Information Entered into UDOT Materials Database?  Yes

Lab Number / Sample ID Number  (List all Samples Send)		Please Check Type of Emulsion													
		CSS-1 or CSS-1H	CRS-2	CRS-2A,B	CRS-2P	LMRS-2	LMRS-2P	CMS-2S	HFMS-2	HFMS-2P	HFRS-2	HFRS-2P	Other:	Other:	Other:
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

**PLEASE HIGH LIGHT SAMPLES TO BE TESTED**