



INDIANA DEPARTMENT OF TRANSPORTATION
TYPE A CERTIFICATION OF COMPLIANCE

PROJECT NUMBER: _____

CONTRACTOR'S NAME: _____

MANUFACTURER'S NAME: _____

B/L or INVOICE NUMBER:

This is to certify that for the contract described above, the materials supplied are as follows:

Material Name (incl. Alloy, Grade, Type, Class, or other similar designation when appropriate)	Quantity

The materials listed above comply with the following Test Methods and are within the acceptable limits of said Test Methods:

Date: _____ Company of Manufacture: _____

Printed Name of Company Official

*Signature of Company Official
* This Certification shall be prepared by the manufacturer of the material being supplied for this contract.

Title of Company Official