Washington State Department of Transportation						Sample Transmittal										
State Materials Laboratory PO Box 47365 Olympia, WA 98504-7365														Lab	ID Numb	er
Contract Num	SR Number*			Section*							Lab	Lab Number				
County/City Control Number* County/City*					y/City*							Org	Org Code			
Material Type					Make and Model			Spec			ification Reference			Bid Item Number		
Producer/Manufacturer Supplier																
Accept. Sample Number			Lot Number			Roll Number			Heat Number			Reel Number			Certificate Number	
Pit Number			Stockpile Number			Truck/Car Number			Used at Station		To Station			Quantity Represented		
Sampled At		S	Sampled By				Date Sampled			Tested At			Tested By			Date Tested
Mix ID Number			Aspha	lt % in I	Design	Asphalt % Reques			sted			Ignition Furnace Calibration Factor (IFC State Lab: Field:			(IFCF)	
Screen													S.E.	Dust Ratio	% Aspha	Maximum t Density
% Passing																
Fracture %																
Specs. **																
Remarks																

Project Engineer (Please Print)

Submitted By

Phone

\* Not Required for WSDOT contracts beginning with "00"

\*\* Not Required for Standard Specifications Materials

DOT Form 350-056 EF
Revised 01/2009