



HIGHWAY & AIRPORT PAVING EQUIPMENT QUESTIONNAIRE

Complete the following form and submit by mail, fax or e-mail. If you have any questions, please call 800-643-0095, fax 800-643-0097 or email to sward@alleneng.com.

Information about your company is required before a quotation can be completed. Please complete Section 11 to ensure receipt of a quotation. Allow 3 – 5 working days (depending on complexity of equipment) for receipt of a quotation.

If Drawings and Specifications are available, please submit a copy with this questionnaire. (Where drawings or specifications sheets supplied by you cover the following items, there is no need to duplicate.)

1. Project Data: _____ Date Submitted: _____

Contractor: _____ Contact: _____

Job Location: _____

Job Name: _____

Shipping Destination: _____

2. Slab widths to be slip formed (present & future):

Slab Widths to be Poured:	Thickness:

Crown: Yes _____ No _____ Percentage of Crown: _____ %

Location of Crown: _____

Maximum future anticipated slab thickness: _____

3. Size of Job: Yards³ (M³): Mainline _____ Ramps _____

4. How much concrete will be available per hour to paver: Yards³ (M³) _____

5. How will concrete be delivered to paver: _____

6. Available clearance on each side of paver: _____

7. First scheduled paving date: _____

8. Is there reinforcing in slab: Yes ___ No ___ If yes provide following information:

A) Tie Bars or Dowel Bars on the longitudinal joint: Diameter: _____ Length: _____ Spacing c-c: _____

Location in slab: _____ Will bars be drilled: Yes ___ No ___

Are the longitudinal construction joints specified to have a Keyway: Yes ___ No ___

Keyway Deminsions: _____

B) Dowels on the Transverse Contraction Joint:: Diameter: _____ Length: _____ Spacing c-c: _____

C) Reinforcing Steel (or mesh) in the slab? size of mats: _____ Vertical location of mat in slab: _____

9. What is being used for base: _____

10. Type of machine requesting: _____

A) Maximum anticipated future paving width: _____

B) Minimum anticipated future paving width: _____

C) What type of Texturing is required: _____

11. Quotation to be sent to:

Name: _____ Title: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Office Phone: _____ Fax: _____

Mobile Phone: _____ E-Mail: _____