

NOMINATION DEADLINES**Nomination deadline: October 23, 2026****Final submission deadline: November 20, 2026**

Multiple-route projects require separate nominations. Incomplete nominations will not be considered.

FOR FPO USE ONLY

Date Received: _____

Nomination No.: _____

Reviewer: _____

PROJECT CERTIFICATION**Only exceptional work will be considered for an award. Certify that the project meets all criteria below:**

- ☐ **Quality Control** - All contract-required quality control measures were performed and documentation indicates test results fall within allowable specification limits.
- ☐ **Uniformity of Mat** - The mat texture is uniform across the width of the surface, with no visible areas of segregation.
- ☐ **Longitudinal Joint Construction** - The joint has been properly constructed and the line is straight.
- ☐ **Transverse Joint Construction** - The joint was adequately prepared and the line is straight.
- ☐ **Ride Quality** - Ride quality is smooth and without abrupt bumps.
- ☐ **Noise** - Pavement is free of whine or similar pavement noise at the posted speed limit (+/- 5 mph).
- ☐ **Handwork** - There is no sign of excessive texture variation due to handwork.

NOMINATOR INFORMATION

Name / Company *

PROJECT CATEGORY - SELECT ONE

- ☐ ODOT / Turnpike
- ☐ Commercial Parking Facility
- ☐ Local Road or Street
- ☐ Special Use
- ☐ Airport Pavement

PROJECT IDENTIFICATION

Project Name / No. *

Agency or Owner Name *

Project No. / Contract ID *

PROJECT LOCATION

Project Location *

Non-roadway Physical Address

Route / Street Name

Beginning Point

Ending Point

Project Length (miles)

DESCRIPTION OF WORK

Describe the type of work, constructability issues, project complexity, and other noteworthy details.

PAVEMENT CONSTRUCTION SUMMARY

Pavement Milling Depth		Total Tons Placed	
Surface (thickness, bid item)			
Intermediate (thickness, bid item)			
Base Course (thickness, bid item)			
Other (thickness, bid item)			

Project Name / No. *

QUALITY CONTROL / QUALITY ASSURANCE

If the work was not subject to normal ODOT QC/QA, describe contract-required measures, including mix production QC tests, density testing results, smoothness/profilograph measurements, and other applicable measures.

PROJECT PERSONNEL

Paving Superintendent

Paving Foreman

Paver Operator(s)

Other Laydown Personnel

Quality Control Technicians

CONTRACTOR INFORMATION

Contractor Name *

Contractor Mailing Address *

Authorized Contractor Representative *

Phone *

Email *

Contractor Signature *

Date *

OWNER AGENCY ACKNOWLEDGMENT - SELECT ONE METHOD☐ Method A - Owner completes and signs the acknowledgment below.☐ Method B - Submit the separate signed Owner Acknowledgment Form on page 7 instead.

Public Agency / Company Name

Owner Agency Mailing Address

Authorized Owner Representative

Signature

Date

Phone

Email

Project Name / No. *

Submit the following project support documentation with this form. Check each item included with the nomination.

- ☐ Completed Quality Asphalt Paving Award Nomination Form.
- ☐ Owner Acknowledgment signed on page 2 or submitted separately on page 6.
- ☐ High-resolution digital photograph suitable for publication.
- ☐ Map clearly showing the project location and limits.
- ☐ Pavement Design Summary Form(s).
- ☐ Job Mix Formula (JMF) documentation for all mixes used on the project, including ODOT approval or equivalent documentation showing mix proportions, RAP, RAS, and/or WMA.
- ☐ QC Test Results Summary Form for each JMF used, showing overall average and standard deviation of air voids, asphalt content, critical sieves, and field density.
- ☐ Summary of all required and/or performed smoothness measurements, including IRI.

SUBMISSION INFORMATION

Return the nomination form, support documentation form, and all supporting documentation to:

Flexible Pavements of Ohio

6205 Emerald Parkway, Suite B

Dublin, OH 43016

Fax: (614) 791-4800

FINAL REVIEW BEFORE SUBMITTING

- ☐ All required sections are complete.
- ☐ All required supporting documentation is attached.
- ☐ Nomination package is ready for submission.

Project Title and Location *

Include owner agency, project/contract identification, physical address, intersecting roadways, and/or project limits.

Asphalt Mix	Type of Mix, JMF ID or Other Descriptor (1)	Mix Design Method (2)	Thickness	Tons Used (English)
Surface Course				
Intermediate Course				
Leveling Course				
Base Course				
Other				
TOTAL				

(1) Provide a clear identifier matching each table entry to a JMF submitted with the nomination.
(2) Indicate M (Marshall), S (Superpave, gyratory), R (recipe), or another mix design method (specify).

Submit additional forms as needed for additional JMFs used on the project.

Project Title and Location *

Include owner agency, project/contract identification, physical address, intersecting roadways, and/or project limits.

JMF or Mix Identification

Result	1/2 in. (12.5 mm)	No. 4 (4.75 mm)	No. 8 (2.36 mm)	Percent AC	Percent Air Voids (Plant Lab/QC)	Field Density (% TMD)
JMF / Required Value						
Avg. Test Results						
Std. Deviation (1)						
Minimum Value						
Maximum Value						

JMF or Mix Identification

Result	1/2 in. (12.5 mm)	No. 4 (4.75 mm)	No. 8 (2.36 mm)	Percent AC	Percent Air Voids (Plant Lab/QC)	Field Density (% TMD)
JMF / Required Value						
Avg. Test Results						
Std. Deviation (1)						
Minimum Value						
Maximum Value						

(1) Standard deviation is a statistically calculated value and is not the same as deviation of test results from the Job Mix Formula.
Use additional forms as necessary to report results for other JMFs used on the nominated project.

Project Title and Location *

Include owner agency, project/contract identification, physical address, intersecting roadways, and/or project limits.

PROJECT QUALIFICATION

For the nomination to be considered, the owner must acknowledge that the project meets all criteria below:

- ☐ The project is free of visible signs of segregation.
- ☐ All quality control measures described by the contract item number were performed.
- ☐ Quality control documentation indicates all test results fall within allowable specification limits.
- ☐ Your evaluation of this work would describe it as EXCEPTIONAL.

OWNER AGENCY INFORMATION

Public Agency / Company Name *

Mailing Address *

Authorized Representative *

Signature *

Date *

Phone *

Email *

** Required when using the separate Owner Acknowledgment Form.*

RETURN COMPLETED FORM TO

Flexible Pavements of Ohio

6205 Emerald Parkway, Suite B | Dublin, OH 43016 | Fax: (614) 791-4800