Alabama Department of Transportation
RETROREFLECTIVITY READING CERTIFICATION

Contractor:_____ Date:_____

Project Number:_____ County:_____ Div:_____

Type of meter used:_____ CERTIFICATION PERIOD From: (Mo/Day/Yr)_____ To: (Mo/Day/Yr)_____

PAY ITEM NO.	LOCATION (STATION OR MILE MARKER)	INITIAL READING ($mcd/lx \cdot m^2$)	PASSED (P) OR FAILED(F)	SKIP/SOLID/ OTHER	NAME OF PERSON TAKING READINGS

I certify that, based on my personal knowledge and well-founded belief following my own reasonable investigation, the above counts, measurements, readings and quality of products are correct and accurate.

Contractor's Representative (Print Name & Co.)_____ Project Engineer (Print Name)_____

Contractor's Representative (Signature)_____Date_____ Project Engineer (Signature)_____