

2025 ASPHALT PAVEMENT AWARDS PROGRAM

NOMINATION FORM

ELIGIBILITY: The Asphalt Pavement Awards Program competition is open to asphalt paving projects. More than one paving project may be nominated for an award. All paving must be completed on nominated projects within the 2025 calendar year or completed after November 1, 2024.

INSTRUCTIONS:

1. Complete the Nomination Form.
2. Please limit the number of nominations to **TWO (2)** per category.
3. Attach a set of five photographs of the project. At least one photograph must be a close-up of the surface course with a coin (U. S. quarter) to show texture.
4. Submit nomination form, supporting documents and photographs to:

Jean Barlage
CCIA
912 Silas Deane Hwy. Suite 112
Wethersfield, Connecticut 06109
jbarlage@ctconstruction.org
860-529-6855 (fax 860-563-0616)

CLOSING DATE: Entries must be delivered by **February 20, 2026.**

CATEGORY:

LIMITED ACCESS ☐ UNLIMITED ACCESS ☐ MUNICIPAL PROJ. ☐ SPECIAL PROJ. ☐
LONGEVITY PROJECT ☒

1. LOCATION - LIMITS (be specific--exit number, cross streets, etc.).

2. PAVEMENT SURFACE DIMENSIONS:

Length in miles or feet (meters): _____

Width in feet (meters), each lane: _____

3. NUMBER OF LANES (each direction):

4. MIX TYPE USED:

SUPERPAVE 25.0 ☐ SUPERPAVE 12.5 ☐ SUPERPAVE 9.5 ☐

WARM MIX USED? YES ☐ NO ☐, POLYMER MODIFIED MIX USED?, YES ☐ NO ☐

OTHER ☐ _____

WAS RAP USED? YES ☐ If yes, percent used: _____ NO ☐

5. DID CONSTRUCTION TAKE PLACE DURING OFF-PEAK HOURS? YES ☐, NO ☐

YES ☐ If Yes, on which days? _____
at what hours? _____

6. CONSTRUCTION DATES:

Beginning: _____

Ending: _____

Open to traffic: _____

7. STRUCTURAL DESIGN:

HOT MIX	THICKNESS	TONS USED	TYPE OF PAVEMENT UNDER HMA* (concrete, asphalt or composite)
Surface			
Binder			
Leveling			
Base			
TOTAL			

* WAS SURFACE MILLED?

YES

☐

If yes, depth of milling: _____

NO

☐

8. STATE PROJECT ENGINEER

9. STATE CHIEF INSPECTOR

10. PROJECT SUPERINTENDENT

11. PLANT FOREMAN

12. PAVING FOREMAN

13. MILLING FOREMAN

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NAME OF PERSON SUBMITTING ENTRY (Print):

Title:

Date:

COMPANY

Address

Telephone

FAX