### NAME OF PROPOSER

| EITHER | | | | |
|--------|--------|--------|--------|
| (1) Copy of current AASHTO Certificate of Accreditation is attached. | Yes (copy attached) | No (Item (2) applies) | |
| OR | | | |
| (2) Documentation is attached demonstrating enrollment and participation in the appropriate proficiency sample programs and active AAP application. | Yes, documentation attached and further details are given below | |

If (2) applies, give details of attached documentation demonstrating ability to become accredited and expected date of accreditation: *(Add additional lines if required.)*