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CMEC, Inc.  
PROFICIENCY SAMPLE APPLICATION

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(Please complete the application, print, sign and date. Mail to:  
CMEC, Inc. at 2779 Apopka Blvd, Apopka, FL 32703)

## LABORATORY INFORMATION

### Billing Address

Laboratory Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Physical Address

Physical Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Lab Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Information:

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**Concrete Testing Samples:**

Concrete Cylinder Sample - (C39/T22) 3 - 4x8 cylinders	<input type="checkbox"/>	\$100.00	
Concrete Mix Design - (C192/R39) 1.5 cu.ft. mix - 6 buckets	<input type="checkbox"/>	\$300.00	
Concrete Beam Sample - (C78/T97) 1.5 cu.ft. mix - 6 buckets	<input type="checkbox"/>	\$300.00	

**Aggregate Testing Samples:**

Fine Aggregate Sample - (C136/T27, C117/T11, C128/T84)	<input type="checkbox"/>	\$75.00	
Coarse Aggregate Sample - (C136/T27, C117/T11, C127/T85, C131/T96)	<input type="checkbox"/>	\$100.00	

**Masonry Testing Samples:**

Masonry Block - (C140, C1552) 6 - block	<input type="checkbox"/>	\$300.00	
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**Hot Mix Asphalt Testing Samples:**

Gyratory Compaction Sample - (D6925/T312, D5444/T30, D2726/T166, D2041/T209, D6307/T308) 3 - boxes	<input type="checkbox"/>	\$180.00	
Marshall Compaction Sample - (D6926/6927/T245, D5444/T30, D2726/T166, D2041/T209, D6307/T308) 3 - boxes	<input type="checkbox"/>	\$180.00	

**Earthwork/Soil Testing Samples**

Soil Testing Sample - (D698/T99, D1557/T180, D1140, D422/T88, D854/T100, FM 5-514, FM 5-551, FM 5-552, FM 5-553) 2- buckets	<input type="checkbox"/>	\$125.00	
Liquid Limit / Plasticity Index Sample - (D4318/T89/T90)	<input type="checkbox"/>	\$70.00	
CBR Sample - (D1883/T193) 3 buckets	<input type="checkbox"/>	\$125.00	
LBR Sample - (FM 5-515) 3 buckets	<input type="checkbox"/>	\$125.00	

Shipping Costs to be determined upon application receipt.

Total:



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Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CC Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_