

**REQUEST FOR QUALITY ASSURANCE PLAN (QAP) REVIEW**

TL-0123 (REV 02/2026)

E-mail completed requests to: [IA.Service.Request@dot.ca.gov](mailto:IA.Service.Request@dot.ca.gov)**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

**QAP REVIEW REQUEST****Section 1: Local Agency Information**

Local Agency Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Submitted by (Name): \_\_\_\_\_ PE-Civil Lic. No.: \_\_\_\_\_

Position/Title: \_\_\_\_\_ PE-Civil Exp. Date: \_\_\_\_\_

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

**Section 2: Attached Documents**

*The documents below must be provided with the initial QAP Review request.*

1. Complete Local Agency Quality Assurance Plan (QAP) - see Chapter 16.11 of [Local Assistance Procedures Manual \(LAPM\) | Caltrans](#) (January 2026 revision). A QAP template and related documentation can be found on the [Construction Oversight Program website](#).
2. Applicable Attachments/Exhibits

**Section 3: Reference Manuals**

The document will be reviewed for compliance to California Department of Transportation, Local Assistance Procedure Manual (January 2026 revision) and Federal Highway Administration, 23 CFR 637-Subpart B.

**Section 4: Requestor Information (District Local Assistance Engineer/Caltrans District Area Engineer)**

Requestor Name: \_\_\_\_\_ Position/District: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For IA Office Use Only:**

Request #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_ Assigned To: \_\_\_\_\_

# REQUEST FOR QUALITY ASSURANCE PLAN (QAP) REVIEW

TL-0123 (REV 10/2025)

E-mail completed requests to: [IA.Service.Request@dot.ca.gov](mailto:IA.Service.Request@dot.ca.gov)

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## QAP REVIEW REQUEST

### Section 5: Instructions to Request a QAP Review

Effective March 1, 2021, the District Local Assistance Engineer (DLAE) office or District Area Engineer shall use Form TL-0123 for any QAP Review Request to Division of Engineering Services (DES) – Materials Engineering and Testing Services (METS).

The DLAE office or District Area Engineer must:

1. Complete Section 1 of Form TL-0123 for local agency information including Name of the Agency, County, Address, Phone Number, Email, the person who approved/signed the QAP with PE License Number and PE License Expiration Date, and Submittal Date.
2. Attach complete local agency QAP and all applicable attachments/exhibits.
3. Complete Section 4 of Form TL-0123 including requestor name, position/district, signature and date.
4. Email the complete package to IA Dispatch at [IA.Service.Request@dot.ca.gov](mailto:IA.Service.Request@dot.ca.gov).

### For IA Office Use Only:

Request #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_ Assigned To: \_\_\_\_\_