

Arkansas State Highway and Transportation Department

Request for Qualifications

30 Crossing



**From: I-530/I-440 Interchange
To: I-40/Hwy 67 Interchange**

CAP Project



REQUEST FOR CLARIFICATION

PROJECT:
RESPONDENT:
REQUEST NO: (TO BE ASSIGNED BY THE DEPARTMENT)

The below request for clarification is being submitted relative to:

Document:	Page No.:
Section:	
Section Name:	

Request for Clarification: Describe Request for Clarification here. Be clear and descriptive to fully explain the clarification requested.

Submitted By (PPC Name): _____ Date: _____

Submitted By (Signature): _____

Representing: _____

E-mail: _____

Business Phone / Extension: (____) _____ - ____ / (____) _____