



OM to OM Rating Authorization

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To be used in the case that a Licensed Seller's (LS) Product Rating Application relies on a Licensed Other Manufacturer's (OM) product which itself relies on another Licensed OM's product Test Results Report. The original OM (hereby called OM#1) may not have knowledge of the LS, however this form provides authorization from the OM#1 to the second OM (hereby called OM#2) to allow use of their ratings to be shared with the LS. Please note that under CRRC protocol the OM to OM Rating Authorization does not expire regardless of what the contract is between OM#1 and OM#2, unless the product formulation itself has been changed. **The Authorized Rated Values (boxes 6 and 7) must be the same as the original Licensed Other Manufacturer's (OM#1) rated values on the Rated Products Directory.**

Instructions: Boxes 1-7 & 13 to be filled in by the Other Manufacturer #1 (OM#1) and boxes 8-12 & 14 by the Other Manufacturer #2 (OM#2)

LICENSED OTHER MANUFACTURER #1 (OM#1) INFORMATION/AUTHORIZATION	
1. Name of CRRC Licensed OM#1	2. Contact Name
3. CRRC Licensed OM#1 ID Number	4. CRRC Product ID Number (referenced by OM#2)
5. Product Name and Description	
6. Authorized Initial Rated Values Solar Reflectance:	Thermal Emittance:
7. Authorized Aged Rated Values Solar Reflectance:	Thermal Emittance:
LICENSED OTHER MANUFACTURER #2 (OM#2) INFORMATION	
8. Name of CRRC Licensed OM#2	9. Contact Name
10. CRRC Licensed OM#2 ID Number	11. CRRC Product ID Number (referenced by the LS)
12. Product Name and Description	
AUTHORIZATION SIGNATURE BY OM#1	
13. I hereby attest that the above information is true and accurate, and grant the above-named Licensed OM#2 permission to use the Test Results obtained by the above-named Licensed OM#1.	
_____ Responsible Person's Signature	_____ Date
_____ Responsible Person's Name (printed)	_____ Title
AGREEMENT SIGNATURE BY OM#2	
14. I hereby attest that the above information is true and accurate, and accept all conditions and criteria for use of the Test Results obtained by the above-named Licensed OM#1.	
_____ Responsible Person's Signature	_____ Date
_____ Responsible Person's Name (printed)	_____ Title

A facsimile, emailed or electronically delivered copy of this Application or of a signature of a party will be effective as an original.