



Rapid Rating Laboratory Application (F-17)

449 15th Street, Suite 400 • Oakland, CA 94612 • Toll-free (866) 465-2523 • Fax (510) 482-4421 • www.coolroofs.org

1. Laboratory Name	2. Contact Name of Rapid Ratings trained staff
3. Laboratory Address	4. Contact Address (if different from #3)
5. Laboratory type <input type="checkbox"/> Accredited Independent Testing Laboratory <input type="checkbox"/> Test Farm	6. Contact Title
7. Email Address	8. Phone Number
9. Date laboratory staff person attended CRRC Rapid Ratings training:	10. Alternate Laboratory Contact Name
11. Alternate Contact Email Address	12. Alternate Contact Phone Number
13. Enclosures <input type="checkbox"/> Statement of Independence per CRRC-1 §2.4.2 (AITL) <input type="checkbox"/> Copy ISO 17025 Scope of Accreditation that includes ASTM D7897-15 <input type="checkbox"/> Certificate of Completion of CRRC Rapid Ratings training workshop	
14. I hereby attest that: <p style="margin-left: 40px;">a) ASTM D7897-15 is included in our laboratory’s ISO 17025 Scope of Accreditation or we will update our scope to include the standard practice when we renew our ISO accreditation.</p> <p style="margin-left: 40px;">b) At least one laboratory employee has participated in a CRRC Rapid Ratings workshop; and</p> <p style="margin-left: 40px;">c) The above information is true and accurate.</p>	
_____ Rapid Ratings Trained Person’s Signature	_____ Date
_____ Rapid Ratings Trained 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.

For CRRC Use Only

Lab ID	Date	By
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