



Test Farm Notification Form

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

PLEASE NOTE: Boxes 1-8 to be filled out by Licensed Seller/OM. Form to be completed by Test Farm first upon exposure placement and again upon exposure removal, each time sending copy of form to CRRC. After completion of three-year exposure, Test Farm to notify Licensed Seller/OM to obtain information for Testing Laboratory to which samples should be sent.

1. Name of CRRC Licensed Seller/OM	2. CRRC Licensed Seller/OM ID
3. Contact Name	4. Company Address
5. Email Address	6. Phone Voice
7. Product Name and Specific Description	8. Product application <input type="checkbox"/> Low-Slope ([2:12"; to be exposed at low-slope/5°S) <input type="checkbox"/> Steep-Slope (>2:12"; to be exposed at steep-slope/45°S) <input type="checkbox"/> Both (to be exposed at low-slope/5°S)

SECTION BELOW TO BE FILLED IN BY TEST FARM

9. Test Farm Name

10. Type of Notification (check one) Exposure Placement Exposure Removal

11. Exposure Information				
Manufacturer's Unique Product Sample ID	Area of country	Exposure Period		Aged Sample Damage Comments
		Start Date	Stop Date	
1	Hot/Humid Climate exposure			
2				
3				
4	Temperate/Colder Climate exposure			
5				
6				
7	Hot/Dry Climate exposure			
8				
9				

12. General Comments

13a. [EXPOSURE PLACEMENT] The undersigned certifies that, to the best of his/her knowledge, the data contained herein are true and accurate:

Responsible Person's Signature _____	Date _____
Responsible Person's Name (printed) _____	Title _____

13b. [EXPOSURE REMOVAL] The undersigned certifies that, to the best of his/her knowledge, the data contained herein are true and accurate:

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.