



# Rapid Rating Laboratory Application (F-17)

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1. <b>Laboratory Name</b>	2. <b>Contact Name of Rapid Ratings trained staff</b>
3. <b>Laboratory Address</b>	4. <b>Contact Address (if different from #3)</b>
5. <b>Laboratory type</b> <input type="checkbox"/> Accredited Independent Testing Laboratory <input type="checkbox"/> Test Farm	6. <b>Contact Title</b>
7. <b>Email Address</b>	8. <b>Phone Number</b>
9. <b>Date laboratory staff person attended CRRC Rapid Ratings training:</b>	10. <b>Alternate Laboratory Contact Name</b>
11. <b>Alternate Contact Email Address</b>	12. <b>Alternate Contact Phone Number</b>
<b>13. Enclosures</b> <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	
<b>14. I hereby attest that:</b> 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. b) At least one laboratory employee has participated in a CRRC Rapid Ratings workshop; and c) The above information is true and accurate.	
_____ Rapid Ratings Trained Person’s Signature	_____ Date
_____ Rapid Ratings Trained Person’s Name (printed)	_____ Title

*An electronically-delivered copy of this application will be effective as the originally signed application..*

For CRRC Use Only

Lab ID	Date	By
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