



## Accredited Test Farm Application (F-12)

2435 N Lombard St · Portland, OR 97217 · Toll-free (866) 465-2523 · [www.coolroofs.org](http://www.coolroofs.org)

1. <b>Company Name</b>	2. <b>Contact Name</b>
3. <b>Company Address</b>	4. <b>Contact Title</b>
5. <b>Website</b>	6. <b>Email Address</b>
7. <b>Phone Voice</b>	8. <b>Phone Fax</b>
<b>9. Exposure Facility Locations</b> Please list the cities and states in which the exposure facilities are located to confirm that your company has facilities in the required climates:  1. Hot/Humid  2. Cold/ Temperate  3. Hot/Dry	<b>10. Enclosures</b> Please check the following boxes to ensure that all required items are enclosed with this application.  <ul style="list-style-type: none"> <li>● Signed Test Farm Agreement</li> <li>● Test Farm Logo License Agreement per CRRC-A-7 (if use of the logo is desired – otherwise supply a statement that the logo will not be used).</li> <li>● Accredited Laboratory Fee</li> <li>● Verification of accreditation to ISO 17025.</li> <li>● Listing of exposure methods that an accrediting body has found the Test Farm capable of performing.</li> <li>● Statement that shows Test Farm has no significant ownership or commercial interest in a supplier, roofing, or exterior wall product company and is not owned by such a company.</li> </ul>
<b>11. I hereby attest that:</b>  a) I consent to receiving electronic communication from the CRRC, including from the CRRC News listserv. I understand that I can unsubscribe from the CRRC News listserv at any time; and  b) The above information is 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.*

<b>FOR CRRC USE ONLY</b>	Lab ID:	Date:	Approved By:
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<b>Roof Program Rapid Ratings Laboratory Application (Optional)</b>	
Please complete the below information if you intend for your Test Farm to become an approved Rapid Ratings Laboratory for the Roof Product Rating Program.	
<b>1. Name of Laboratory Staff Person Who Participated in CRRC Rapid Ratings Training</b>	<b>2. Date Laboratory Staff Person Attended CRRC Rapid Ratings Training</b>
<b>3. Address of Rapid Ratings Trained Person (if different from company address)</b>	<b>4. Title of Rapid Ratings Trained Person</b>
<b>5. Email Address of Rapid Ratings Trained Person</b>	<b>6. Phone of Rapid Ratings Trained Person</b>
<b>7. Enclosures</b>	
<ul style="list-style-type: none"> <li>● Copy of ISO 17025 Scope of Accreditation that includes ASTM D7897</li> <li>● Certificate of Completion of CRRC Rapid Ratings training workshop</li> </ul>	
<b>8. I hereby attest that:</b>	
<p>a) ASTM D7897 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>b) At least one laboratory employee has participated in a CRRC Rapid Ratings workshop; and</p> <p>c) The above information is true and accurate.</p>	
_____ Signature of Rapid Ratings Trained Person	_____ Date
_____ Printed Name of Rapid Ratings Trained Person	_____ Title

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