



Accredited Test Farm Application (F-12)

2435 N Lombard St • Portland, OR 97217 • Toll-free (866) 465-2523 • www.coolroofs.org

1. Company Name	2. Contact Name
3. Company Address	4. Contact Title
5. Website	6. Email Address
7. Phone Voice	8. Phone Fax
9. Exposure Facility Locations Please list the cities and states in which the exposure facilities are located to confirm that your company has facilities in the required climates: <ol style="list-style-type: none"> 1. Hot/Humid 2. Cold/ Temperate 3. Hot/Dry 	10. Enclosures Please check the following boxes to ensure that all required items are enclosed with this application. <ul style="list-style-type: none"> • Signed Test Farm Agreement • 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). • Accredited Laboratory Fee • Verification of accreditation to ISO 17025. • Listing of exposure methods that an accrediting body has found the Test Farm capable of performing. • Statement that shows Test Farm has no significant ownership or commercial interest in a supplier or roofing product company and is not owned by such a company.
11. I hereby attest that: <ol style="list-style-type: none"> 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.

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

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

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