



Accredited Independent Testing Laboratory (AITL) Participation Application (F-5)

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

1. Laboratory Name	2. Contact Name
3. Laboratory Address	4. Contact Address (if different from #3)
5. Contact Title	
6. Website	7. Email Address
8. Phone	9. Name of Person Who Participated in CRRC Training
10. Email Address	11. Phone
12. CRRC Rating Program (check all that apply) <div style="display: flex; justify-content: space-between;"> CRRC-1 Roof Product Rating Program CRRC-2 Wall Product Rating Program </div>	
13. Test Method Capability (check all that apply)	
Solar Reflectance ASTM C1549 ASTM E1918 CRRC Test Method #1 <input type="checkbox"/> Tile <input type="checkbox"/> Wood and Variegated Products	CRRC Tile Template Method ASTM E903 ASTM C1864 CRRC Aggregate Test Method CRRC Directional-Hemispherical Solar Reflectance Test Method (using 410- Solar or 410-Solar-i)
<i>Wall Program Only:</i> This laboratory has the capability of performing solar reflectance measurements using the AM1.5GV or equivalent setting and/or extracting the 1.5GV output from raw measurement data (see CRRC-2 Wall Program Manual)	
Thermal Emittance ASTM C1371	Slide Method Moore's Aggregate Thermal Emittance Test Method
Other ASTM D1005 (Thickness) ASTM D751 (Thickness) (Roof Program Only)	ASTM D7091 (Thickness) (Wall Program Only) ASTM E805 (Color Measurements) ASTM D7897 (Laboratory Soiling and Weathering) (Roof Program Only)
14. Enclosures Statement of Independence per CRRC-1 §2.4(C) ISO 17025 Accreditation Certificate per CRRC-1 §2.4(A) Signed Laboratory License Agreement (CRRC A-3) Laboratory Logo License Agreement (CRRC-A-7) Accredited Laboratory Fee Certificate of Completion of CRRC Radiative Property Training	
15. I hereby attest that:	
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.	
_____ Signature of Responsible Person	_____ Date
_____ Printed Name of Responsible 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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Roof Program Rapid Ratings Laboratory Application (Optional)	
Please complete the below information if you intend for your laboratory to become an approved Rapid Ratings Laboratory for the Roof Product Rating Program.	
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 laboratory 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 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: <ul style="list-style-type: none"> 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. b) At least one laboratory employee has participated in a CRRC Rapid Ratings workshop; and c) The above information is true and accurate. 	
_____ Signature of Rapid Ratings Trained Person	_____ Date
_____ Printed Name of Rapid Ratings Trained Person	_____ Title
FOR CRRC USE ONLY	Lab ID: _____ Date: _____ Approved By: _____

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