



Accredited Laboratory 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. Laboratory type Accredited Independent Testing Laboratory (AITL) Accredited Manufacturer Testing Laboratory (AMTL)	6. Contact Title
7. Website	8. Email Address
9. Phone	10. Name of Person Who Participated in CRRC Training
11. Email Address	12. Phone
13. Test Method Capability (check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ASTM C1549 (Solar Reflectance)</p> <p>ASTM E1918 (Solar Reflectance)</p> <p>CRRC Test Method #1 (Solar Reflectance)</p> <p><input type="checkbox"/> Tile</p> <p><input type="checkbox"/> Wood and Variegated Products</p> <p>CRRC Tile Template Method (Solar Reflectance)</p> <p>ASTM E903 (Solar Reflectance)</p> <p>ASTM C1864 (Solar Reflectance)</p> <p>CRRC Aggregate Test Method (Solar Reflectance)</p> </div> <div style="width: 45%;"> <p>CRRC Directional-Hemispherical Solar Reflectance Test Method (using 410-Solar-i) (Solar Reflectance)</p> <p>ASTM C1371 (Thermal Emittance)</p> <p>Slide Method (Thermal Emittance)</p> <p>Moore's Aggregate Thermal Emittance Test Method (Thermal Emittance)</p> <p>ASTM D1005 (Thickness Measurements)</p> <p>ASTM D751 (Thickness Measurements)</p> <p>ASTM E805 (Color Measurements)</p> <p>ASTM D7897 (Laboratory Soiling and Weathering)</p> </div> </div>	
14. Enclosures <p>Statement of Independence per CRRC-1 §2.4(C) (AITL only)</p> <p>ISO 17025 Accreditation Certificate per CRRC-1 §2.4(A) (AITL only)</p> <p>Declaration of test procedures, training, test records, calibration and sample retention per CRRC-1 §2.3(B) (AMTL only)</p> <p>Signed Laboratory License Agreement (CRRC A-3 (AITL) or CRRC A-4 (AMTL))</p> <p>Laboratory Logo License Agreement (CRRC-A-7) (AITL only)</p> <p>Accredited Laboratory Fee</p> <p>Certificate of Completion of CRRC Radiative Property Training</p>	
15. I hereby attest that: <p>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</p> <p>b) The above information is true and accurate.</p>	
_____ Signature of Responsible Person	_____ Date
_____ Printed Name of Responsible Person	_____ Title



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

Rapid Ratings Laboratory Application (Optional) Please complete the below information if you intend for your laboratory 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 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: 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

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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