



## Accredited Laboratory Participation Application (F-5)

449 15th Street, Suite 400 • Oakland, CA 94612 • Toll-free (866) 465-2523 • Fax (510) 482-4421 • [www.coolroofs.org](http://www.coolroofs.org)

1. <b>Laboratory Name</b>	2. <b>Contact Name</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 (AITL) <input type="checkbox"/> Accredited Manufacturer Testing Laboratory (AMTL)	6. <b>Contact Title</b>
7. <b>Website</b>	8. <b>Email Address</b>
9. <b>Phone Voice</b>	10. <b>Phone Fax</b>
11. <b>Name of Person Who Participated in CRRC Training</b>	12. <b>Address (if different from #3)</b>
13. <b>Email Address</b>	14. <b>Phone</b>
16. <b>Capability for Radiative Properties Tests (check one or more)</b> <input type="checkbox"/> ASTM C1549 (Solar Reflectance) <input type="checkbox"/> ASTM E1918 (Solar Reflectance) <input type="checkbox"/> CRRC Test Method #1 (Solar Reflectance) <ul style="list-style-type: none"> <li><input type="checkbox"/> Tile</li> <li><input type="checkbox"/> Wood and Variegated Products</li> </ul> <input type="checkbox"/> CRRC Tile Template Method (Solar Reflectance) <input type="checkbox"/> ASTM E903 (Solar Reflectance) <input type="checkbox"/> ASTM C1371 (Thermal Emittance) <input type="checkbox"/> Slide Method (Thermal Emittance) <input type="checkbox"/> ASTM D1005 (Thickness Measurements) <input type="checkbox"/> ASTM D751 (Thickness Measurements) <input type="checkbox"/> ASTM D2244 (Color Measurements) <input type="checkbox"/> ASTM D7897 (Laboratory Soiling and Weathering)	17. <b>Enclosures</b> <input type="checkbox"/> Statement of Independence per CRRC-1 §2.4(C) (AITL only) <input type="checkbox"/> ISO 17025 Accreditation Certificate per CRRC-1 §2.4(A) (AITL only) <input type="checkbox"/> Declaration of test procedures, training, test records, calibration and sample retention per CRRC-1 §2.3(B) (AMTL only) <input type="checkbox"/> Signed Laboratory License Agreement (CRRC A-3 (AITL) or CRRC A-4 (AMTL)) <input type="checkbox"/> Laboratory Logo License Agreement (CRRC-A-7) (AITL only) <input type="checkbox"/> Accredited Laboratory Fee
18. <b>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.	
_____ 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.*

<b>FOR CRRC USE ONLY</b>	Lab ID: _____	Date: _____	Approved By: _____
CRRC F-5 Accredited Laboratory Participation Application	Page 1 of 1	Rev. January 29, 2016	BOD approved January 29, 2016