



Accredited Laboratory Participation Application (F-5)

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1. Laboratory Name	2. Contact Name
3. Laboratory Address	4. Contact Address (if different from #3)
5. Laboratory type <input type="checkbox"/> Accredited Independent Testing Laboratory (AITL) <input type="checkbox"/> Accredited Manufacturer Testing Laboratory (AMTL)	6. Contact Title
7. Website	8. Email Address
9. Phone Voice	10. Phone Fax
11. Name of Person Who Participated in CRRC Training	12. Address (if different from #3)
13. Email Address	14. Phone
16. Capability for Radiative Properties Tests (check one or more) <input type="checkbox"/> ASTM C1549 (Solar Reflectance) <input type="checkbox"/> ASTM E1918 (Solar Reflectance) <input type="checkbox"/> CRRC Test Method #1 (Solar Reflectance) <input type="checkbox"/> Tile <input type="checkbox"/> Wood and Variegated Products <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 E805 (Color Measurements) <input type="checkbox"/> ASTM D7897 (Laboratory Soiling and Weathering)	17. Enclosures <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. 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.

FOR CRRC USE ONLY	Lab ID:	Date:	Approved By:
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