

Test Farm Notification Form

8797 N Lombard St • Portland, OR 97203 • (866) 465-2523 • info@coolroofs.org • www.coolroofs.org

The **Licensee** shall complete fields 1–8 of this form and send the form with the product test specimens to an Accredited Independent Testing Laboratory (AITL) for testing. The **Test Farm** shall complete fields 9–13 of this form and submit exposure placement and removal information to the CRRC Online Rating Portal (Portal). After completion of three-year exposure, the Test Farm shall send the weathered specimens and this completed form to the AITL indicated in the CRRC Portal

Test Farm shall send the v	weathered specime	ens and this coi	mpleted	form	to the AITL indicated in the CRRC Portal.			
1. Name of CRRC Licensee				2. CRRC Licensee ID				
3. Contact Name				4. Company Address				
5. Contact Email				6. Phone Number				
7a. Product Brand and Model Name				8. Product Slope				
				 Low-Slope (<2:12"; to be exposed at low-slope/5°S) Steep-Slope (≥2:12"; to be exposed at steep- 				
7b. CRRC ID number or CRRC Portal ID				slope/45°S)				
				☐ Both (to be exposed at low-slope/5°S)				
SECTION BELOW TO BE FILLED IN BY TEST FARM								
9. Test Farm Name								
10. Type of Notification (check one) □ Exposure Placement □ Exposure Removal								
11. Exposure Information								
Manufacturer's Unique Exposure Exposure Per		e Period	l	Aged Sample Damage Comments				
Product Sample ID	Climate Zone	Start Date	Stop I	Date				
1								
2	Hot/Humid							
3								
4	Temperate/ Cold							
5								
6								
7								
8	Hot/Dry							
9								
12. General Comments								
13a. [EXPOSURE PLACEMENT] The undersigned certifies that, to the best of his/her knowledge, the data contained herein are true and accurate:								
Responsible Person's Signature Date								
Responsible Person's Name (printed) Title								
13b. [EXPOSURE REMOVAL] The undersigned certifies that, to the best of his/her knowledge, the data contained herein are true and accurate:								
Responsible Person's Signature					Date			
Responsible Person's Name (printed) Title								

An emailed or electronically-delivered copy of this form or of a signature of a party will be effective as an original.

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