

## Roof Rating Program Approved Manufacturer Testing Laboratory Application (CRRC F-2)

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1. Laboratory Name	2. Contact Name	2. Contact Name	
3. Laboratory Address	4. Contact Address (if different from #3)		
5. Contact Title	6. Contact Phone		
3. Contact Title	o. Contact I none		
7. Contact Email Address	8. Laboratory Website		
9. Name of Person Who Participated in CRRC Training			
10. Participant Email Address	11. Participant Phone		
12. Test Method Capability (check all that apply)			
ASTM C1549 (Solar Reflectance)	ASTM C1371 (The	ASTM C1371 (Thermal Emittance)	
CRRC Test Method #1 (Solar Reflectance)	Slide Method (Ther	Slide Method (Thermal Emittance)	
ASTM E903 (Solar Reflectance)	ASTM D1005 (Thi	ASTM D1005 (Thickness Measurements)	
CRRC Directional-Hemispherical Solar Reflectance Test Method (using 410-Solar or 410-Solar-i) (Solar Reflectance)	ASTM D7091 (Thi	ASTM D7091 (Thickness Measurements)	
(using 410-30iai of 410-30iai-i) (Solai Reflectance)  ASTM E805 (Color Measurements)		Measurements)	
13. Solar Reflectance Test Instrument Capability  This laboratory has the capability of performing solar reflectance measurements using the 1.5E (SSR v6) or 1.5 (SSR v5) setting and/or extracting the 1.5E output from raw measurement data.			
14. Enclosures  Declaration of test procedures, training, test records, and calibration per CRRC-1 §2.3 (B)  Signed CRRC Roof AMTL Agreement  Approved Laboratory Fee  Certificate of Completion of CRRC Radiative Property Training			
<ul> <li>15. I hereby attest that:</li> <li>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</li> <li>b) The above information is true and accurate.</li> <li>c) I agree to abide by the CRRC Code of Conduct: <a href="https://coolroofs.org/about/crrc-code-of-conduct">https://coolroofs.org/about/crrc-code-of-conduct</a>.</li> </ul>			
Signature of Responsible Person	Date	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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