



Wall Rating Program Approved Manufacturing Testing Laboratory Application (WF-2)

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1. Laboratory Name	2. Contact Name										
3. Laboratory Address	4. Contact Address (if different from #3)										
5. Contact Title	6. Contact Phone										
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) <table><tr><td>ASTM C1549 (Solar Reflectance)</td><td>ASTM C1371 (Thermal Emittance)</td></tr><tr><td>CRRC Test Method #1 (Solar Reflectance)</td><td>Slide Method (Thermal Emittance)</td></tr><tr><td>ASTM E903 (Solar Reflectance)</td><td>ASTM D1005 (Thickness Measurements)</td></tr><tr><td>CRRC Directional-Hemispherical Solar Reflectance Test Method (using 410-Solar or 410-Solar-i) (Solar Reflectance)</td><td>ASTM D7091 (Thickness Measurements)</td></tr><tr><td></td><td>ASTM E805 (Color Measurements)</td></tr></table>		ASTM C1549 (Solar Reflectance)	ASTM C1371 (Thermal Emittance)	CRRC Test Method #1 (Solar Reflectance)	Slide Method (Thermal Emittance)	ASTM E903 (Solar Reflectance)	ASTM D1005 (Thickness Measurements)	CRRC Directional-Hemispherical Solar Reflectance Test Method (using 410-Solar or 410-Solar-i) (Solar Reflectance)	ASTM D7091 (Thickness Measurements)		ASTM E805 (Color Measurements)
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13. Solar Reflectance Test Instrument Capability This laboratory has the capability of performing solar reflectance measurements using the AM1.5GV setting and/or extracting the 1.5GV output from raw measurement data.											
14. Enclosures Declaration of test procedures, training, test records, and calibration per CRRC-2 §2.3 (B) Signed CRRC Wall AMTL Agreement Approved Laboratory Fee Certificate of Completion of CRRC Radiative Property Training											
15. 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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