



Wall Rating Program Test Farm Notification Form (WF-3)

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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 via the CRRC WRP Test Farm Notification Spreadsheet. After completion of three-year exposure, the Test Farm shall send the weathered specimens and this completed form to the AITL indicated in the Spreadsheet.

1. Name of CRRC Licensee	2. CRRC Licensee ID
3. Contact Name	4. Company Address
5. Contact Email	6. Phone Number
7. Product Brand and Model Name	8. CRRC ID Number

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**

Reminder: Wall Products must be exposed at **90° South** in an **offset rack** that horizontally staggers specimens to minimize cross-contamination (*CRRC-2 Appx. 1, S.2.6(E)*)

Manufacturer's Unique Product Sample ID	Exposure Climate Zone	Exposure Period		Aged Sample Damage Comments
		Start Date	Stop Date	
1	Hot/Humid			
2				
3				
4	Temperate/Cold			
5				
6				
7	Hot/Dry			
8				
9				

13a. **[EXPOSURE PLACEMENT]** The undersigned certifies that, to the best of his/her knowledge, the data contained herein are true and accurate

Test Farm Responsible Person's Signature _____ Date _____

Test Farm 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

Test Farm Responsible Person's Signature _____ Date _____

Test Farm Responsible Person's Name (printed) _____ Title _____

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