



Wall Rating Program Licensee Application (WF-1)

2435 N. Lombard St., Portland, OR 97217 | (866) 465-2523 | info@coolroofs.org | www.coolroofs.org

1. Company Name		2. Contact Name			
3. Contact Address (including City, State, and Zip Code)					
4. Contact Phone		5. Contact Email			
6. Additional Contacts Please list the name, phone number, and email of each additional contact below. Check the applicable contact box(es) for each contact.		Wall Rating Program Contact	Wall Billing Contact	Wall Product Contact	Wall Quality Control Contact
Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	Email				
Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	Email				
Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	Email				
Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	Email				
7. Annual Wall Product Sales Volume (This determines the Licensing fee level. It is the total global sales of wall products for your company and is not limited to sales of CRRC-rated products or regional (e.g., US) sales):					
<input type="radio"/> Less than \$1 million <input type="radio"/> Between \$1-\$10 million <input type="radio"/> Between \$10-\$35 million <input type="radio"/> Between \$35-\$100 million <input type="radio"/> Greater than \$100 million					
9. Founding Member					
<input type="checkbox"/> Check this box if you are a Founding Member of the CRRC Wall Rating Program. Founding Members receive a 50% discount on CRRC product rating fees for the first 10 products rated in the first year of program operation. For more information on becoming a Founding Member, go to https://coolroofs.org/walls/overview .					

11. Licensee Fees

Application Submittal Month	Licensee Sales					Accredited Manuf. Test Lab (AMTL)
	>\$100M	\$35-100M	\$10-35M	\$1-10M	<\$1M	
January	\$9,800	\$7,000	\$5,000	\$3,250	\$1,750	\$1,500
February	\$8,983	\$6,417	\$4,583	\$2,979	\$1,604	\$1,375
March	\$8,167	\$5,833	\$4,167	\$2,708	\$1,458	\$1,250
April	\$7,350	\$5,250	\$3,750	\$2,438	\$1,313	\$1,125
May	\$6,533	\$4,667	\$3,333	\$2,167	\$1,167	\$1,000
June	\$5,717	\$4,083	\$2,917	\$1,896	\$1,021	\$875
July	\$4,900	\$3,500	\$2,500	\$1,625	\$875	\$750
August	\$4,083	\$2,917	\$2,083	\$1,354	\$729	\$625
September	\$3,267	\$2,333	\$1,667	\$1,083	\$583	\$500
October	\$2,450	\$1,750	\$1,250	\$813	\$438	\$375
November	\$1,633	\$1,167	\$833	\$542	\$292	\$250
December	\$817	\$583	\$417	\$271	\$146	\$125

12. I hereby attest that:

- a) I intend to participate in the CRRC Wall Rating Program (Program) as a CRRC Licensee;
- b) I acknowledge that by signing this application, I am not obliged to pay the Licensee fee until the Program is in operation; participation is contingent on the launch of the Program;
- c) 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
- d) The above information is true and accurate.

Signature of Responsible Person _____

Date _____

Printed Name of Responsible Person _____

Title _____