



Aged Product Rating Application

1610 Harrison Street • Oakland, CA 94612 • Toll-free (866) 465-2523 • Fax (510) 482-4421 • www.coolroofs.org

The form should be used once a product has completed three-year weathering and a Test Results Report has been received from the AITL. Please submit this form to the CRRC, along with the Test Results Report for Aged Ratings, or an OM Rating Authorization for products that rely on an OM Product Rating.

1. CRRC Licensed Seller/OM Company Name	2. Contact Name
3. Company Address	4. Email Address
5. Phone Number	6. CRRC Licensed Seller/OM ID and Product ID _ _ _ _ _ - - - _ _ _ _ _
7. Ratings Program Protocol (check only one): <input type="checkbox"/> Standard Product <input type="checkbox"/> Color Family Group Representative Element	8. Product Identification Information (as it appears on the CRRC Product Directory) Brand Name: Model Name/Number:
9. Rated or Default¹ Values to be used on labels and in directory listing (if you selected 'standard product' in box 9 above then reported values may not exceed the average for all tests in Test Results Report. If you selected 'color family' in box 7 above, then reported values may not exceed the <i>lower</i> of the AITL measured aged values of the Color Family Representative Element <i>or</i> initial default values reported from Table 1 in Procedure 3. Please report values as decimals with 2 significant figures: Solar Reflectance _____ Thermal Emittance _____	
10. Laboratory Name (AITL)	11. Lab Report ID (AITL)
12. CRRC Color Family Name From Table 1, Procedure 3 (Complete this box only if 'color family' is checked in box 7)	
13. Test Methods Used Check the appropriate test methods as indicated on the Aged Test Results Report (CRRC-F-13):	
<input type="checkbox"/> E903 Test Report Date _____ <input type="checkbox"/> E1918 Test Report Date _____ <input type="checkbox"/> C1549 Test Report Date _____ <input type="checkbox"/> C1371 Test Report Date _____ <input type="checkbox"/> Slide Method Date _____ <input type="checkbox"/> Interim Wood TM Date _____	<input type="checkbox"/> CRRC-1 TM #1 Date _____ <input type="checkbox"/> Tile TM ○ CRRC-1 TM #1 Date _____ ○ Template Method Date _____ <input type="checkbox"/> D1005 Test Report Date _____ <input type="checkbox"/> D2244 Test Report Date _____ <input type="checkbox"/> D751 Test Report Date _____
25. The undersigned certifies that, to the best of his/her knowledge, the measurements contained herein are true and accurate:	
_____ Responsible Person's Signature	_____ Date
_____ Responsible Person's Name (printed)	_____ 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	Date:	Approved By:
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¹ 'Default' values only apply to Color Family Products (factory-applied metal coatings or factory-coated metal products that have been initially tested as Color Family Products).