



INITIAL Product Rating Application

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

<p>TYPE OF APPLICATION (check only ONE)</p> <p><input type="checkbox"/> Initial Product Rating Application</p> <p><input type="checkbox"/> Formula Change or Retesting Application</p> <p>NOTE: For submitting a Color Family Additional Element please use form CRRC-F-8. For Aged Ratings please use form CRRC-F-11.</p>
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1. Company Name 2.		CRRC Licensed Seller/OM ID	
3. Contact Name 4.		Email Address	
5. Company Address			
6. Phone		7. CRRC Product ID (for formula change/retesting only)	
8. Ratings Program Protocol (check only one): <input type="checkbox"/> Standard Product (If compound rating, please include Form F-3A) <input type="checkbox"/> Color Family Group/Representative Element (factory-applied metal coatings or factory-coated metal products <i>only</i>) <input type="checkbox"/> Custom Color		9. Manufacturer SKU #	
		10. Project Name/Address (Custom Colors only)	
11. Product Identification Information (this will appear on the CRRC Rated Products Directory) Brand Name: Model Name/Number (see form F-3A for compound rating listing details): Manufacturer Color Name: Company or Product Webpage (the Directory will contain a hyperlink from the brand name): http://_____		12. Product Type (choose one): <input type="checkbox"/> Factory-Applied Coating <input type="checkbox"/> Field-Applied Coating <input type="checkbox"/> Field-Applied Foam System <input type="checkbox"/> Factory-Coated Foam Panel <input type="checkbox"/> Single-Ply–Thermoset (includes EPDM, Hypalon) <input type="checkbox"/> Single-Ply–Thermoplastic (includes TPO, PVC, etc.) <input type="checkbox"/> Modified Bitumen <input type="checkbox"/> Built-up Roofing (includes asphalt and coal tar pitch) <input type="checkbox"/> Shingles or Shakes <input type="checkbox"/> Tile or Slate <input type="checkbox"/> Metal <input type="checkbox"/> Roof Pavers <input type="checkbox"/> Other _____	
13. Product Application (choose one) <input type="checkbox"/> Low-Slope (2:12 inches or less) <input type="checkbox"/> Steep-Slope (greater than 2:12 inches) <input type="checkbox"/> Both		15. Product Color (color(s) that best describe your product): <input type="checkbox"/> Red <input type="checkbox"/> Bright White <input type="checkbox"/> Orange <input type="checkbox"/> Off-White <input type="checkbox"/> Yellow <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Blue <input type="checkbox"/> Tan <input type="checkbox"/> Purple <input type="checkbox"/> Brown <input type="checkbox"/> Metallic <input type="checkbox"/> Multicolor	
14. For Color Family Products (Complete this box only if 'color family' is checked in box 7) CRRC Color Family Name From Table 1, Procedure 3: Resin/Binder Type:			
FOR CRRC USE ONLY		ID:	Date:
			Approved By:

¹ A compound rating refers to one product entry on the CRRC directory that includes two or more product models that are the same surface formulation and have the same radiative properties. See CRRC-1 for more details.



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16. **Minimum Manufacturer Recommended Dry Mil Thickness** (Required for Field Applied Coatings only): _____ mils

17. Test Method Used

Check the appropriate test methods as indicated on the Test Results Report (CRRC-F-2):

- E903 Test Report Date _____
- E1918 Test Report Date _____
- C1549 Test Report Date _____
- CRRC-1 Method #1 Date _____
- Tile TM
 - CRRC-1 TM #1 Date _____
 - Template TM Date _____
- Interim Wood TM Date _____
- C1371 Test Report Date _____
- Slide Method Date _____
- D1005 Test Report Date _____
- D2244 Test Report Date _____
- D751 Test Report Date _____

19. Laboratory Name (AITL)

20. Rated/Default Values to be used on labels and in directory listing

(If you selected 'standard product' in box 7 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 please use default radiative properties values from Table 1, Procedure 3 or CRRC-1.)

Please report values as decimals with 2 significant figures:

Solar Reflectance _____ Thermal Emittance _____

18. Lab Report ID (AITL)

21. Type of customer to whom this product is sold: (Choose only one)

- End user, only** ('end users' include distributors, retailers, installers, and property owners/developers) – if this box is checked then your company must be a Licensed Seller before CRRC will process this application.
- Other CRRC licensed company, only** (who either further manufactures the product or puts their label on it (private label) and relies upon your CRRC product ratings) – if this box is checked, then the your company must be a *Licensed Other Manufacturer* before CRRC will process this application
- Both end user and other CRRC licensed company** – if this box is checked, then your company must be *both a Licensed Seller and a Licensed Other Manufacturer* before CRRC will process this application

22. Checklist of required enclosures:

- Application Fee \$ _____
 - Standard Product = \$240
 - Color Family Group fee = \$265 (\$215 for Group fee plus \$50 for Representative Element fee)
 - Custom Color Product Fee = \$120
 - Product Spec Sheet (required for Field Applied Coatings)
 - Test Results Report
- OR**
- OM Rating Authorization form (**only** submit OM Rating Authorization form if relying on OM's test results)

Note: The Test Farm will forward the Test Farm Notification Form directly to the CRRC after Test Farm placement.

23. Additional initial rating requirements for Licensed Sellers only:

- List of no less than three contractors or distributors where CRRC can acquire a specimen for random testing
- Sample collection instructions to be sent by CRRC to contractor/distributor for random testing
- Copy of letter to contractors/distributors

(See *How Do I Get a Product Rating* for more details)

24. Name and contact info of Applicant's Quality Control Manager(s):

Name _____ Title _____

Address _____

Phone _____ Fax _____ Email _____



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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.