

# Evaluation Services Cool Roof Rating Council (ES-CRRC)

## Aged Exposure Description Form

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

**For ENERGY STAR® Partners Only** – This form is to be submitted by Partners with their initial product submittal to ES-CRRC Program. Please complete the entire form for any product that is **not** also rated through the CRRC Product Rating Program. For color families, only complete this form for representative elements.

### Section A: Product Information

1. Company Name	2. EPA-issued Organization ID	
3. Company Address	4. Contact Name	
5. Email Address	6. Phone Number	
7. Product Identification Information (as it appears on the ENERGY STAR Data Submission Sheet)		For Staff Use: ES-CRRC ID
Model Name: _____ Model Number: _____		
Brand Name: _____ Product Type: _____		
8. Aged Solar Reflectance Test Method		
<input type="checkbox"/> Field Measurement of Existing Roofs – Proceed to Section B <input type="checkbox"/> Test Lab Measurement of Existing Roof Samples – Proceed to Section C <input type="checkbox"/> Test Lab Measurement of Weathered Samples – Proceed to Section D		

### Section B: Field Measurement of Existing Roofs

#### Sample 1

1. Lab Name	2. Lab EPA-issued Organization ID
3. Lab Contact	4. Lab Contact Email
5a. Address of Existing Roof	
5b. Date Installed:	5c. Date Tested
5d. Slope of Existing Roof: <input type="checkbox"/> Low <input type="checkbox"/> Steep	5e. Roof Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
5f. Test Method : <input type="checkbox"/> ASTM E 1918 – 06 <input type="checkbox"/> ASTM C 1549 - 09	

**Sample 2**

6. Lab Name	7. Lab EPA-issued Organization ID
8. Lab Contact	9. Lab Contact Email
10a. Address of Existing Roof	
10b. Date Installed:	10c. Date Tested
10d. Slope of Existing Roof: <input type="checkbox"/> Low <input type="checkbox"/> Steep	10e. Roof Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
10f. Test Method : <input type="checkbox"/> ASTM E 1918 – 06 <input type="checkbox"/> ASTM C 1549 - 09	

**Sample 3**

11. Lab Name	12. Lab EPA-issued Organization ID
13. Lab Contact	14. Lab Contact Email
15a. Address of Existing Roof	
15b. Date Installed:	15c. Date Tested
15d. Slope of Existing Roof: <input type="checkbox"/> Low <input type="checkbox"/> Steep	15e. Roof Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
15f. Test Method : <input type="checkbox"/> ASTM E 1918 – 06 <input type="checkbox"/> ASTM C 1549 - 09	

**Section C: Test Lab Measurement of Existing Roof Samples**

1. Lab Name	2. Lab EPA-issued Organization ID
3. Lab Contact	4. Lab Contact Email
5. Test Method <input type="checkbox"/> ASTM E 903 - 96 <input type="checkbox"/> ASTM C 1549 - 09	6. Date Tested
<b>7. Sample 1</b>	
7a. Date Installed: _____	7b. Address of Existing Roof: _____
7c. Slope of Existing Roof: _____	7d. Roof Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. Sample 2</b>	
8a. Date Installed: _____	8b. Address of Existing Roof: _____
8c. Slope of Existing Roof: _____	8d. Roof Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Sample 3</b>	
9a. Date Installed: _____	9b. Address of Existing Roof: _____
9c. Slope of Existing Roof: _____	9d. Roof Cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section D: Test Lab Measurement of Weathered Samples**

1. Lab Name	2. Lab EPA-issued Organization ID
3. Lab Contact	4. Lab Contact Email
5. Test Farm Name	6. Test Farm Contact Name
7. Test Farm Location(s): City and State	
8. Test Method <input type="checkbox"/> ASTM E 903 – 96    Date: _____ <input type="checkbox"/> ASTM C 1549 – 09    Date: _____	9. Samples Cleaned Before Testing <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section E: Signature**

1. 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.*

<b>FOR CRRC USE ONLY</b>	Date: _____	Approved By: _____
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