
Evaluation Services Cool Roof Rating Council (ES-CRRC) Verification Testing Collection Information Form

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

For ENERGY STAR® Partners Only – This form is to be submitted by Partners with the initial product submittal to ES-CRRC and updated annually. Please complete the entire form with information appropriate to the certified product(s). If a product is also listed under the CRRC Product Rating Program, you do NOT need to complete this form for that product. List each product on separate lines, identifying **at least three contacts for each product** from page 3. These contacts will be used to obtain product samples for annual Verification Testing if your product is randomly chosen, a requirement in the [ENERGY STAR Program Requirements for Roof Products – Partner Commitments](#).

Please attach as a separate document to this form a letter of notification for ES-CRRC use.¹

Your Company Name		EPA-issued ID	
Your Contact Person			
Address			
City		State	Zip Code
Email Address		Phone Number	

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

¹ Partners shall provide a generic letter requesting help in sample collection. This letter will be used by ES-CRRC in sample requests to distributors. We recommend that you send this letter to the above listed parties as a courtesy.

Product Information: If more space is needed please attach an additional sheet. Please see next page for contact list.

Product Name and Model	Product Type	3 Contacts (e.g. Contact 1, 5, 8)	Do you get audited by any of these agencies?	For CRRC use only:
1. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
2. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
3. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
4. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
5. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
6. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
7. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
8. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
9. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____
10. _____	_____	_____	<input type="checkbox"/> Intertek <input type="checkbox"/> ATI <input type="checkbox"/> Ogawa <input type="checkbox"/> UL (UL File # _____)	_____

Contractor/Distributor Contact Information: Provide enough contacts so that you can reference **at least three contacts per product** listed above. Factory-Applied Coating (metal paint) manufacturers please provide coil coater contacts that have purchased your products within the last 6 months. Reference contacts in Product Information table above as: Contact 1, 2, 3, etc. Attach a second sheet if necessary.

Contact #1 Company Name		Contact Person	
Address			
City	State	Zip Code	
Email Address	Phone Number		
Contact #2 Company Name		Contact Person	
Address			
City	State	Zip Code	
Email Address	Phone Number		
Contact #3 Company Name		Contact Person	
Address			
City	State	Zip Code	
Email Address	Phone Number		
Contact #4 Company Name		Contact Person	
Address			
City	State	Zip Code	
Email Address	Phone Number		
Contact #5 Company Name		Contact Person	
Address			
City	State	Zip Code	
Email Address	Phone Number		
Contact #6 Company Name		Contact Person	
Address			
City	State	Zip Code	
Email Address	Phone Number		

FOR ES-CRRC USE ONLY Date:	Approved By:
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