

Initial Product Rating Application

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TYPE OF APPLICATION (check only ONE)

- Initial Product Rating Application
- Formula Change or Retesting Application (specify type of change e.g. formulation or product ID: _____)

1. Company Name	2. ECRC Company ID Number
3. Company Address	4. Contact Name
5. Email Address	
6. Phone and Fax Phone (____) _____ Fax (____) _____	7. ECRC Product ID
8. Product Identification Information (this will appear on ECRC Rated Product Database) Brand Name: Model Name/Number: Manufacturer Color Name: Company of Product Webpage:	
9. Product Type (chosed one) <input type="checkbox"/> Built-up Roofing <input type="checkbox"/> Foam Roof Systems <input type="checkbox"/> Prepainted Metal Roofs <input type="checkbox"/> Reinforced Bitumen Sheet made of Modified Bitumen: <input type="checkbox"/> Elastomeric Bitumen <input type="checkbox"/> Plastomeric Bitumen <input type="checkbox"/> Field Applied Coatings <input type="checkbox"/> Tiles and Slates <input type="checkbox"/> Asphalt or Bituminous Shingles <input type="checkbox"/> Single-Ply <input type="checkbox"/> Single-Ply Thermoset <input type="checkbox"/> Single-Ply Thermoplastic <input type="checkbox"/> Other	
10. Product Application(chosed one) <input type="checkbox"/> Low-Slope (<10°) <input type="checkbox"/> Steep-Slope(>10°) <input type="checkbox"/> Both	
11. Minimum Manufacturer Recommended Dry Thickness (Required for Field Applied Coatings only): _____ µm	
12. Laboratory name	
13. Lab Report ID	

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	14. Tests conducted:		
	Type	Initial Test Date	<p>15. Rated Values to be used on labels and in the database</p> <p>Please report values as decimals with 2 significant figures:</p> <p>Solar Reflectance: ____.</p> <p>Thermal Emittance: ____.</p> <p>Please report values without decimals:</p> <p>Solar Reflectance index (SRI): ____</p>
<input type="checkbox"/>	ASTM E903 in conjunction with G173-03 (2012)		
<input type="checkbox"/>	ASTM C1549 (2009)		
<input type="checkbox"/>	CRRC-1 Test Method #1 (2012)		
<input type="checkbox"/>	ASTM C1371 (2010)		
<input type="checkbox"/>	Template Method (for tiles)		
<input type="checkbox"/>	CRRC-1 Test Method 1 (for tiles)		
<input type="checkbox"/>	CRRC-1 Test Method #1(2012)		
<input type="checkbox"/>	EN 15976 (2011)		
<input type="checkbox"/>	Slide Method (D&STN 11-2, 10-02, 04-01)		
<input type="checkbox"/>	ASTM D1005 – 95(2007)		
<input type="checkbox"/>	ASTM D7091 – 12(2012)		
<input type="checkbox"/>	ISO 2178(1982)		
<input type="checkbox"/>	ASTM D751 (2011)		
<input type="checkbox"/>	EN 1849-1 (2000)		
<input type="checkbox"/>	ISO 2808 (2007)		
16. Name and contact info of Applicant's Quality Control Manager(s):			
Name		Title	
Address			
Phone	Fax	Email	
17. Enclosed documents			
<input type="checkbox"/> Copy of current and valid ISO 9001 Quality Management Certificate (if available)			
<input type="checkbox"/> ATL test report (ECRC-F-1)			
<input type="checkbox"/> Appropriate fee			
<input type="checkbox"/> Instruction on how to collect and/or prepare a sample in case the Rated Roofing Product is selected for random testing			
<input type="checkbox"/> Contractor/Distributor Information form(ECRC-F-3)			
<input type="checkbox"/> A copy of the letter sent to the designated contractors, customers or distributors notifying them that they may be contacted by the ECRC for the collection of random samples for testing (ECRC-F-5)			
<input type="checkbox"/> Signed legal agreement with the ECRC (ECRC-L-2)			
<input type="checkbox"/> Other. Please specify:			
18. 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	