

## Weathering Test Site Notification Form

Dreve du Pressoir, 38 • 1190 Forest (Brussels) Belgium • [ecrc@coolroofcouncil.eu](mailto:ecrc@coolroofcouncil.eu) • [www.coolroofcouncil.eu](http://www.coolroofcouncil.eu)

**PLEASE NOTE: Boxes 1-8 to be filled out by Manufacturer or Seller. Form to be completed by Weathering Test Site first upon exposure placement and again upon exposure removal, each time sending copy of form to ECRC. After completion of three-year exposure, Weathering Test Site to notify Manufacturer or Seller to obtain information for Testing Laboratory to which samples should be sent.**

1. Name of ECRC Manufacturer or Seller		2. ECRC Manufacturer or Seller ID		
3. Contact Name		4. Company Address		
5. Email Address		6. Phone Number		
7a. Product Name and Specific Description		8. Product application <input type="checkbox"/> Low-Slope(<9.5 or 2:12"; to be exposed at low-slope/5°S) <input type="checkbox"/> Steep-Slope(>9.5° or 2:12"; to be exposed at steep-slope/45°S) <input type="checkbox"/> Both (to be exposed at low-slope/5°S)		
7b. ECRC Product ID number				
<b>SECTION BELOW TO BE FILLED IN BY WEATHERING TEST SITE</b>				
9. Weathering Test Site Name				
10. Type of Notification (check one) <input type="checkbox"/> Exposure Placement <input type="checkbox"/> Exposure Removal				
11. Exposure Information				
Unique specimen ECRC ID number	Area of country	Exposure Period		Aged Sample Damage Comments
		Start Date	Stop Date	
1	Csa:Mediter ranean			
2				
3				
4	Cfa: Humid Subtropical			
5				
6				
7	Cfb: Marine west coast			
8				
9				
12. General Comments				
13a. [EXPOSURE PLACEMENT] The undersigned certifies that, to the best of his/her knowledge, the data contained herein are true and accurate:				
Responsible Person's Signature _____		Date _____		
Responsible Person's Name (printed) _____		Title _____		
13b. [EXPOSURE REMOVAL] The undersigned certifies that, to the best of his/her knowledge, the data 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*