

Status of This Certification Sheet

No Data

Overall Status of Template

No Data

Submitter Information

I am a(n) (check one only):

Domestic Manufacturer

Importer

Third-Party Representative

Please enter required data

The third-party representative includes industry organizations submitting on behalf of their members, foreign manufacturers who do not import and are submitting on behalf of their importers, private labelers submitting on behalf of an importer or domestic manufacturers, third-party testing organizations submitting on behalf of a manufacturer, etc.

Submitter Information (Required for all submissions):

Company Name:		Please enter required data
Company Address:		Please enter required data
Contact Name:		Please enter required data
Contact Telephone Number:		Please enter required data
Contact Fax Number:		Please enter required data
Contact email address:		Please enter required data
For importers, the U.S. Customs and Border Protection importer identification number (OPTIONAL):		

Third Party-Representatives (If Submitter is not a Third-Party Representative, skip to Certification)

If the submitter is a third-party representative, provide the following information on each company on whose behalf you are certifying. **Note: Please complete an additional template if you are certifying on behalf of more than five companies.**

If you are a Third-Party Representative, for how many companies on whose behalf are you certifying? (Maximum of 5)

1. Company Name:

Company Address:

Responsible Person at Company:

Telephone Number:

Fax Number:

Email Address:

Select all that apply (at least one):

Domestic Manufacturer

Importer - OPTIONAL: Provide U.S. Customs and Border Protec

Private Labeler - Provide all of the brand name(s) below

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):

2. Company Name:

Company Address:

Responsible Person at Company:

Telephone Number:

Fax Number:

Email Address:

Select all that apply (at least one):

Domestic Manufacturer

Importer - OPTIONAL: Provide U.S. Customs and Border Protec

Private Labeler - Provide all of the brand name(s) below

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):

3. Company Name:

Company Address:

Responsible Person at Company:

Telephone Number:

Fax Number:

Email Address:

Select all that apply (at least one):

Domestic Manufacturer

Importer - OPTIONAL: Provide U.S. Customs and Border Protec

Private Labeler - Provide all of the brand name(s) below

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):

4. Company Name:

Company Address:

Responsible Person at Company:

Telephone Number:

Fax Number:

Email Address:

Select all that apply (at least one):

Domestic Manufacturer

Importer - OPTIONAL: Provide U.S. Customs and Border Protec

Private Labeler - Provide all of the brand name(s) below

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):

5. Company Name:

Company Address:
Responsible Person at Company:
Telephone Number:
Fax Number:
Email Address:

Select all that apply (at least one):
 Domestic Manufacturer
 Importer - OPTIONAL: Provide U.S. Customs and Border Protec
 Private Labeler - Provide all of the brand name(s) below

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):

Certification

Compliance Statement

SELECT SUBMITTER TYPE AT THE TOP OF THIS WORKSHEET

Type your full name to signify compliance (required):	<input type="text"/>	Please enter required data
Enter your email address (required):	<input type="text"/>	Please enter required data
Date (MM/DD/YYYY) (required):	<input type="text"/>	Please enter required data

OMB Control Number: 1910-1400
OMB Form Number: None

Paperwork Reduction Act Statement
OMB Burden Disclosure Statement

This data is being collected for manufacturers to certify compliance to DOE's energy conservation, water conservation, or design standards. The data you supply will be used by the Department to monitor compliance with the energy conservation, water conservation, and design standards and testing requirements for the consumer products and commercial and industrial equipment mandated by the Energy Policy and Conservation Act, as amended.

Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, IM-23, Paperwork Reduction Project (1910-1400), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-1400), Washington, DC 20503.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is mandatory.

Status of This Input Sheet No Data

Overall Status of Template No Data

Certification Report

Please enter your data in the columns shaded in gray below, using a separate line for each model.
 Click on the column heading for instructions on how to complete cells in that column.
 Cells highlighted in yellow indicate an "Error." "Error" means that information is missing or there is an issue with the entry.
 If the "Status" for a row is "Error," you can see an explanation in the columns to the right of the Status column.
 Reports submitted with errors cannot be processed and will be returned for resubmission.

Line No.	Status	Manu-facturer	For Third-Party Representatives, Company Number From Certification Sheet	Brand Name(s)	Basic Model Number	Individual Model Number Covered by Basic Model	Action	Product Class	Explanation of 'Other' Product Class	Sample Size (Number of Units Tested)	Is the Certification for this Basic Model Based on a Waiver of DOE's Test Procedure Requirements?	Date of Test Procedure Waiver, if Applicable	Is the Certification based upon any Exception Relief from an Applicable Standard by DOE's Office of Hearing and Appeals?	Date of Exception Relief, if Applicable	Maximum Flow Rate (gallons per minute)
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Line No.	Status	Manu-facturer	For Third-Party Representatives, Company Number From Certification Sheet	Brand Name(s)	Basic Model Number	Individual Model Number Covered by Basic Model	Action	Product Class	Explanation of 'Other' Product Class	Sample Size (Number of Units Tested)	Is the Certification for this Basic Model Based on a Waiver of DOE's Test Procedure Requirements?	Date of Test Procedure Waiver, if Applicable	Is the Certification based upon any Exception Relief from an Applicable Standard by DOE's Office of Hearing and Appeals?	Date of Exception Relief, if Applicable	Maximum Flow Rate (gallons per minute)
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The following is a description of each product class:

Product Class	Product Class Description
1	Commercial Prerinse Spray Valves
Other	Other commercial prerinse spray valves not listed above (if you enter "Other", you must provide a rationale in the 'Explanation of "Other" Product Class' column on the "Input" sheet).

