	Status of This Certification Sheet	No Data
	Overall Status of Template	No Data
Submitter Information		
I am a(n) (check one only):		
O Domestic Manufacturer		
○ Importer		Please enter required data
O Third-Party Representative		
not import and are submitting on beha	es industry organizations submitting on behalf of their members, foreign manufacturers who do alf of their importers, private labelers submitting on behalf of an importer or domestic anizations submitting on behalf of a manufacturer, etc.	
Submitter Information (Required f	or 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-Representativ	res (If Submitter is not a Third-Party Representative, skip t	o Certification
	presentative, provide the following information on <u>each</u> company on whose b nal template if you are certifying on behalf of more than five companies.	ehalf you are certifying.
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:		
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Select all that apply (at least one):	☐ 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):		
European Laboration Control		
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	
Email Address	
	Domestic Manufacturer
Select all that apply	☐ Importer - OPTIONAL: Provide U.S. Customs and Border Protec
(at least one)	
	Private Labeler - Provide all of the brand name(s) below
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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	
	Domestic Manufacturer
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Select all that apply (at least one)	Importer - OPTIONAL: Provide U.S. Customs and Border Protec
	Private Labeler - Provide all of the brand name(s) below
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Protection importer identification number (OPTIONAL)	
(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	
	Domestic Manufacturer
Select all that apply (at least one)	☐ 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 Borde Protection importer identification number	
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For Private Labeler - Preside all -fills	
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 TO	OP OF THIS WORKSHEET	
Type your full name to signify compliance (required):		Please enter required data
Enter your email address (required):		Please enter required data

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

Date (MM/DD/YYYY) (required):

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.

Please enter required data

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.

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 "Saluse" for a row is "Error," you can see a replication in the columns to the right of the Salus 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	Energy Factor	Rated Storage Volume (Gallons)	First Hour Rating (Maximum Gallons per Minute)	Recovery Efficiency (%)
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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	Energy Factor	Rated Storage Volume (Gallons)	First Hour Rating (Maximum Gallons per Minute)	Recovery Efficiency (%)
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The following is a description of each product class:

Product Class	Product Class Description
1	Gas-fired Water Heater
2	Oil-fired Water Heater
3	Electric Water Heater
4	Tabletop Water Heater
5	Instantaneous Gas-fired Water Heater
6	Instantaneous Electric Water Heater
Other	Other water heaters not listed above (if you enter "Other", you must provide a rationale in the 'Explanation of "Other" Product Class' column on the "Input" sheet).