| Product Type:<br>Freezers  | Version 4.4                |
|--|----------------------------|
| Status of This Certification Sheet   | No Data                    |
| Overall Status of Template   | No Data                    |
| Submitter Information<br>I am a(n) (check one only):   |                            |
| O Domestic<br>Manufacturer   |                            |
| O Importer   | Please enter required data |
| O Third-Party<br>Representative<br>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 |

```
For importers, the U.S. Customs and
Border Protection importer
identification number (OPTIONAL):
```

Contact email address:

# 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 <u>each</u> company on whose behalf you are certifying. Note: Please complete an additional template if you are certifying on behalf of more than five companies.

Please enter required data

| If you are a Third-Party<br>Representative, for how many<br>companies on whose behalf are you<br>certifying? (Maximum of 5) |   |
|---|---|
|   |   |
| 1. Company Name:  |   |
| Company Address:  |   |
| Responsible Person at Company:  |   |
| Telephone Number:<br>Fax Number:  |   |
| Email Address:  |   |
| -   | Domestic Manufacturer   |
| Select all that apply<br>(at least one):  | ☐ Doniestic Manufacturer<br>☐ Importer - OPTIONAL: Provide U.S. Customs and Border<br>Protection importer identification number below |
|   | Private Labeler - Provide all of the brand name(s) below  |
| For Importer - U.S. Customs and Border<br>Protection importer identification number<br>(OPTIONAL):                          |   |
| For Private Labeler - Provide all of the brand name(s):   |   |

| 2. Company Name:   |  |
|--|--|
| Company Address:   |  |
| Responsible Person at Company:   |  |
| Telephone Number:  |  |
| Fax Number:<br>Email Address:  |  |
| Email Address:   |  |
| Select all that apply<br>(at least one):   | Domestic Manufacturer<br>Importer - OPTIONAL: Provide U.S. Customs and Border<br>Protection importer identification number below<br>Private Labeler - Provide all of the brand name(s) below |
| For Importer - U.S. Customs and Border<br>Protection importer identification number<br>(OPTIONAL): |  |
| For Private Labeler - Provide all of the<br>brand name(s):   |  |
| <b>3.</b> Company Name:  |  |
| Company Address:   |  |
| Responsible Person at Company:   |  |
| Telephone Number:  |  |
| Fax Number:<br>Email Address:  |  |
| Linai Address.   |  |
| Select all that apply<br>(at least one):   | Domestic Manufacturer<br>Importer - OPTIONAL: Provide U.S. Customs and Border<br>Protection importer identification number below<br>Private Labeler - Provide all of the brand name(s) below |
| For Importer - U.S. Customs and Border<br>Protection importer identification number<br>(OPTIONAL): |  |
| For Private Labeler - Provide all of the brand name(s):  |  |
| 4. Company Name:   |  |
| Company Address:   |  |
| Responsible Person at Company:   |  |
| Telephone Number:<br>Fax Number:   |  |
| Email Address:   |  |
|  |  |
| Select all that apply<br>(at least one):   | Domestic Manufacturer<br>Importer - OPTIONAL: Provide U.S. Customs and Border<br>Protection importer identification number below<br>Private Labeler - Provide all of the brand name(s) below |
| For Importer - U.S. Customs and Border<br>Protection importer identification number<br>(OPTIONAL): |  |
| For Private Labeler - Provide all of the<br>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<br>Importer - OPTIONAL: Provide U.S. Customs and Border<br>Protection importer identification number below<br>Private Labeler - Provide all of the brand name(s) below |
| For Importer - U.S. Customs and Border<br>Protection importer identification number<br>(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<br>compliance (required): | Please enter required data |
|--|----------------------------|
| Enter your email address (required):                     | Please enter required data |
| Date (MM/DD/YYYY) (required):                            | Please enter required data |
| •  |                            |

#### OMB Control Number: 1910-1400

### 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.

|   | Product                                | Туре:   | Residential Re<br>and Freezers   | efrigerators  | , Refrigerat   | or-Freezers,  |                     | Version 4.4      |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
|---|--|---|--|---|--|---|---------------------|------------------|---|--|---|--|--|---------------------------------|---|---|---------------------------------|---------------------------------|--|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------|--------------------------------|
|   | Statu                                  | s of This Input<br>Sheet                              | No Data  | 1   | Overall Stat   | us of Template  | No                  | Data             |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| _   |  |   |  | ertification  |  |   |                     |                  | 1   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| Pleas   | enter yo                               | ur data in the  | columns shaded in gra<br>for instructions on how   | ey below, <u>using a</u>                                      | eparate line for ea  | uch model-  |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| Cells<br>If the<br>Repo   | highlighte<br>"Status" fi<br>ts submit | d in yellow inc<br>or a row is "En<br>led with errors | columns shaded in gra<br>for instructions on how<br>dicate an "Error." "Erro<br>roc," you can see an er<br>a cannot be processed | or" means that int<br>splanation in the<br>and will be return | contation is missin<br>columns to the right<br>of for resubmission | ng or there is an iss<br>nt of the Status colu<br>on. | ue with the<br>ann. | entry.           |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
|   |  |   | For Third-Party  |   |  |   |                     |                  | Faceral a File                                | Is the Certification   | Date of Text  | Is the Certification based   | Destroyed  |                                 |   |   |                                 |                                 | Does the Basic   |                |                 |                 |                 |                 | leater Watts    |                 |                 |                 | -            |                                |
| Line<br>No.   | Status                                 | Manu-facturer   | For Third-Party<br>Representatives,<br>Company Number<br>From Certification<br>Sheet   | Brand Name(s)   | Basic Model<br>Number  | Individual Model<br>Number Covered<br>by Basic Model  | Action              | Product<br>Class | Sample Size<br>(Number of<br>Units<br>Tested) | Is the Certification<br>for this Basic Model<br>Based on a Waiver<br>of DOE's Test<br>Procedure<br>Requirements? | Date of Test<br>Procedure<br>Waiver, if<br>Applicable | Is the Certification based<br>upon any Exception<br>Relief from an Applicable<br>Standard by DOE's Office<br>of Hearing and Appeals? | Date of<br>Exception<br>Relief, if<br>Applicable | Annual Energy Use<br>(kWh/year) | Total Adjusted<br>Volume (ft <sup>2</sup> ) | Does the Basic<br>Model have<br>Variable Defrost? | CT <sub>c</sub> , if Applicable | CT <sub>u</sub> , if Applicable | Does the Basic<br>Model have a<br>Variable Anti-<br>sweat Heater<br>Control? | 5%<br>Humidity | 15%<br>Humidity | 25%<br>Humidity | 35%<br>Humidity | 45%<br>Humidity | 55%<br>Humidity | 65%<br>Humidity | 75%<br>Humidity | 85%<br>Humidity | 95% Humidity | W<br>Cor<br>Modif<br>Temp<br>L |
| 1   |  |   |  |   |  |   |                     |                  |   | Hequirements/  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 2   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 4   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 5<br>6<br>7   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 7   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 8<br>9<br>10  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 11  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 12<br>13  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 14<br>15  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | -                              |
| 13<br>14<br>15<br>16<br>17  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 18  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 19<br>20  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 20<br>21<br>22  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 23<br>24  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 25  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 25<br>27  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 27<br>28<br>30<br>31<br>32<br>33  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 30  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 32  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 34  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 35<br>36<br>37  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 37  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 39  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 40  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 38<br>39<br>40<br>41<br>42<br>43<br>43<br>44  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 44  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 45  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 45<br>47<br>48  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 49  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 50<br>51<br>52<br>53<br>54  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 53  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 54<br>55<br>56  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 56<br>57  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 57<br>58<br>59<br>60<br>61<br>62<br>63  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 60  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 61<br>62  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 64  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              | _                              |
| 65  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 67<br>er  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 59<br>69  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 70  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 72  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 74  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 76  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| . /<br>78   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 79  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 11  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 13  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 14<br>15  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 96<br>97  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 85<br>89  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 0   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 1   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 23<br>24  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 95<br>95  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 865           87           68           69           70           71           72           73           74           75           76           77           78           80           81           82           83           84           85           86           90           91           92           93           94           95           96           97           98           99           91           92           93           94           95           96           97           98           99           910 |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 95<br>99  |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |
| 100   |  |   |  |   |  |   |                     |                  |   |  |   |  |  |                                 |   |   |                                 |                                 |  |                |                 |                 |                 |                 |                 |                 |                 |                 |              |                                |

The following is a description of each product class:

| Product<br>Class | Product Class Description   |
|------------------|---|
| 1                | (1) Refrigerator-freezers and refrigerators other than all-refrigerators with manual defrost  |
| 2                | (1A.)All-refrigerators—manual defrost   |
| 3                | (2.) Refrigerator-freezers—partial automatic defrost  |
| 4                | (3.) Refrigerator-freezers—automatic defrost with top-mounted freezer without an automatic icemaker   |
| 5                | (3-BI.) Built-in refrigerator-freezer—automatic defrost with top-mounted freezer without an automatic icemaker  |
| 6                | (31.) Refrigerator-freezers—automatic defrost with top-mounted freezer with an automatic icemaker without through-the-door ice service                |
| 7                | (3I-BI.) Built-in refrigerator-freezers—automatic defrost with top-mounted freezer with an automatic icemaker without through-the-door ice service    |
| 8                | (3A.) All-refrigerators—automatic defrost   |
| 9                | (3A-BI.)Built-in All-refrigerators—automatic defrost  |
| 10               | (4.) Refrigerator-freezers—automatic defrost with side-mounted freezer without an automatic icemaker  |
| 11               | (4-BI.) Built-In Refrigerator-freezers—automatic defrost with side-mounted freezer without an automatic icemaker                                      |
| 12               | (4I.)Refrigerator-freezers—automatic defrost with side-mounted freezer with an automatic icemaker without through-the-door ice service                |
| 13               | (4I-BI.) Built-In Refrigerator-freezers—automatic defrost with side-mounted freezer with an automatic icemaker without through-the-door ice service   |
| 14               | (5.) Refrigerator-freezers—automatic defrost with bottom-mounted freezer without an automatic icemaker  |
| 15               | (5-BI.) Built-In Refrigerator-freezers—automatic defrost with bottom-mounted freezer without an automatic icemaker                                    |
| 16               | (5I.) Refrigerator-freezers—automatic defrost with bottom-mounted freezer with an automatic icemaker without through-the-door ice service             |
| 17               | (5I-BI.) Built-In Refrigerator-freezers—automatic defrost with bottom-mounted freezer with an automatic icemaker without through-the-door ice service |
| 18               | (5A.) Refrigerator-freezer—automatic defrost with bottom-mounted freezer with through-the-door ice service  |
| 19               | (5A-BI.) Built-in refrigerator-freezer—automatic defrost with bottom-mounted freezer with through-the-door ice service                                |
| 20               | (6.) Refrigerator-freezers—automatic defrost with top-mounted freezer with through-the-door ice service   |
| 21               | (7.) Refrigerator-freezers—automatic defrost with side-mounted freezer with through-the-door ice service  |

| 22 | (7-BI.) Built-In Refrigerator-freezers—automatic defrost with side-mounted freezer with through-the-door ice service |
|----|--|
| 23 | (8.) Upright freezers with manual defrost  |
| 24 | (9.) Upright freezers with automatic defrost without an automatic icemaker   |
| 25 | (9I.) Upright freezers with automatic defrost with an automatic icemaker   |
| 26 | (9-BI.) Built-In Upright freezers with automatic defrost without an automatic icemaker                               |
| 27 | (9I-BI.) Built-in upright freezers with automatic defrost with an automatic icemaker                                 |
| 28 | (10.) Chest freezers and all other freezers except compact freezers  |
| 29 | (10A.) Chest freezers with automatic defrost   |
| 30 | (11.) Compact refrigerator-freezers and refrigerators other than all-refrigerators with manual defrost               |
| 31 | (11A.) Compact all-refrigerators—manual defrost  |
| 32 | (12.) Compact refrigerator-freezers—partial automatic defrost  |
| 33 | (13.) Compact refrigerator-freezers—automatic defrost with top-mounted freezer                                       |
| 34 | (13I.) Compact refrigerator-freezers—automatic defrost with top-mounted freezer with an automatic icemaker           |
| 35 | (13A.) Compact all-refrigerators—automatic defrost   |
| 36 | (14.) Compact refrigerator-freezers—automatic defrost with side-mounted freezer                                      |
| 37 | (14I.) Compact refrigerator-freezers—automatic defrost with side-mounted freezer with an automatic icemaker          |
| 38 | (15.) Compact refrigerator-freezers—automatic defrost with bottom-mounted freezer                                    |
| 39 | (15I.) Compact refrigerator-freezers—automatic defrost with bottom-mounted freezer with an automatic icemaker        |
| 40 | (16.) Compact upright freezers with manual defrost   |
| 41 | (17.) Compact upright freezers with automatic defrost  |
| 42 | (18.) Compact chest freezers   |
|    |  |

## Instructions for CCMS Reporting Certification & Templates

|   | You are currently on the Instruction and Input sheets.  | tions sheet. Please refer to these instructions when completing the Certification   |
|---|---|---|
|   | Ready Certification / Inpu  | t / Product Description CInstructions   |
| have been co<br>- If these inc<br>- If these inc<br>the far right | ompleted correctly, the "Status" inc<br>dicators read "Error" in red on the C<br>dicators read "Error" in red on the I<br>of the sheet. | n your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields<br>licators on the top of the Certification sheet and the top of the Input sheet will show "OK" in green.<br>ertification sheet, look for an explanation in the column to the right of the entry field.<br>nput sheet, look for explanations about incomplete/incorrect field entries by looking in the mirrored cells to<br>contact-us if you have any questions about the regulations or need help with the template. |
| <u>Certificati</u><br>the page:                                   | ck on the tab for the<br>on Sheet at the bottom of<br>ON INSTRUCTIONS   | I     Input     Product Description     Instructions     1       Ready     Ready  |
|   | Step 1  | Enter the Submitter Information - required for all submissions.   |
|   | Submitter Information<br>I am a(n) (check one only):<br>ODomestic Manufacturer<br>OImporter<br>OThird-Party Representative              |   |
|   | Submitter Information (Required f   | or all submissions):  |
|   | Company Name:<br>Company Address:<br>Contact Name:  |   |
|   | Contact Telephone Number:<br>Contact Fax Number:  |   |
|   | Contact email Address:<br>For importers, the U.S. Customs and<br>Border Protection importer<br>identification number<br>(OPTIONAL):     |   |
|   | If you are not a Third-Party Repre  | sentative, skip to the Compliance Statement (Step 3)  |
|   | Step 2  | Enter the Third Party Representative Information  |
|   | - Enter the number of companies<br>one shown below.<br>- On each copy of the template, y  | Id enter data on the companies for which they are reporting.<br>for which you are reporting on this copy of the template in the box on the Certification sheet similar to the<br>ou may report for no more than five companies.<br>han five companies, complete as many separate copies of the template as are necessary.   |
|   | If you are a Third-Party<br>Representative, for how many<br>companies on whose behalf are you<br>certifying? (Maximum of 5)             |   |
|   | - For each of the Companies that  | you are reporting on in this template, you will need to fill out a full section as shown below.   |
| 1.  |   |   |
|   | Company Address:<br>Responsible Person at Company:  |   |
|   | Telephone Number:   |   |
|   | Fax Number:<br>Email Address:   |   |
|   | Select all that apply<br>(at least one):  | Domestic Manufacturer Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below Private Labeler - Provide all of the brand name(S) below   |
|   | For Importer - U.S. Customer and<br>Border Protection importer<br>identification number (OPTIONAL):                                     |   |
|   | For Private Labeler - Provide all of<br>the brand name(s):  |   |

| Step | 3 |
|------|---|
|------|---|

#### Compliance Statement

- The Compliance Statement will be different depending on whether you are a Domestic Manufacturer, Importer, or a Third-Party Representative - Review the statement carefully and then, in order to signify compliance, complete the information in the spaces provided below the statement.

| Type your full name to signify<br>compliance (required): |  |
|--|--|
| Enter your email address (required):                     |  |
| Date (MM/DD/YYYY) required:                              |  |

| Please cl | ick on the t | ab for th | ne Input |
|-----------|--------------|-----------|----------|
| Sheet at  | the botton   | of the r  | hage:    |

|       | Certification | Input           | >Product Description | 1 | Instructions / 🔁 / |  |
|-------|---------------|-----------------|----------------------|---|--------------------|--|
| Ready |               | No. Contraction |                      |   |                    |  |

TEMPLATE INSTRUCTIONS

Step 2

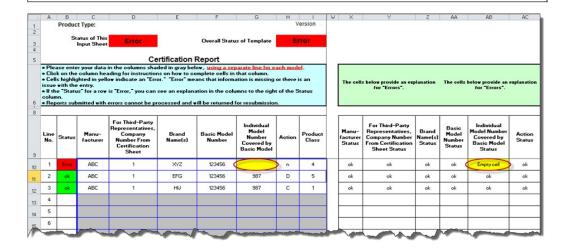
| Step 1 |
|--------|
|--------|

Filling out the Template

Starting on line No. 1, begin entering applicable data in each field.

 Inter a separate line of data for each individual model.
 If you need more than the number of lines available in the template, complete as many additional copies of the template as are necessary. - At any time you may click on a column heading for a complete explanation of what to enter in each cell. - If the status at the beginning of the line reads "Error," review your data to verify entries and check the explanation table to the right of the data entry table for a description of the error.

- Click on the Product Description tab to see a description of the product classes and to determine what number should be entered in the Product Class field for each line.



#### **Completed template**

- Lines with an "ok" status have been completed correctly. Be sure your "Overall Status of Template" and "Status of This Input Sheet" reflects "OK" status as expected. - Save the template to a local drive for safekeeping. You will upload this template later to DOE via the CCMS application.

| A  | B  | C   | D  | Ε  | F  | G  | H                      |                  | ¥ ×                            | Ŷ   | Z                             | AA                                    | AB  | AC                 |           |
|--|--|---|--|--|--|--|------------------------|------------------|--------------------------------|---|-------------------------------|---------------------------------------|---|--------------------|-----------|
|  | Produc   | t Type:   |  |  |  |  | v                      | /ersion          |                                |   |                               |                                       |   |                    |           |
|  |  | atus of This<br>Input Shee                          |  |  | Overall Statu  | s of Template  |                        | ок               | 5                              |   |                               |                                       |   |                    |           |
|  |  |   | Ce   | rtification  | Report   |  |                        |                  |                                |   |                               |                                       |   |                    |           |
| <ul> <li>Cel</li> <li>Cel</li> <li>issue</li> <li>If the</li> <li>colur</li> </ul> | k on the<br>Is highlig<br>with the<br>ie "Statu<br>nn. | column he<br>hted in yel<br>entry.<br>is" for a row | in the columns shad<br>ading for instruction<br>low indicate an "Erro<br>r is "Error," you can s<br>errors cannot be pro | is on how to c<br>ir." "Error" me<br>see an explan | omplete cells in<br>cans that informa<br>ation in the colu | that column.<br>ation is missing<br>umns to the righ       | or there<br>t of the S | is an            | The cell                       | s below provide an exp<br>for "Errors".   | planation                     | The cells                             | below provide an<br>for "Errors".                                 | explanation        | The cells |
|  |  |   |  |  |  |  |                        |                  |                                |   |                               |                                       |   |                    |           |
| Line<br>No.  | Status   | Manu-<br>facturer                                   | For Third-Party<br>Representatives,<br>Company<br>Number From<br>Certification<br>Sheet                                  | Brand<br>Name(s)                                   | Basic Model<br>Number                                      | Individual<br>Model<br>Number<br>Covered by<br>Basic Model | Action                 | Product<br>Class | Manu-<br>facturer<br>Status    | For Third-Party<br>Representatives,<br>Company Number<br>From Certification<br>Sheet Status | Brand<br>Name(s)<br>Status    | Basic<br>Model<br>Number<br>Status    | Individual<br>Model Number<br>Covered by<br>Basic Model<br>Status | Action<br>Status   | Produc    |
| Line<br>No.  | Status   |   | Representatives,<br>Company<br>Number From<br>Certification  |  |  | Model<br>Number<br>Covered by                              | Action                 |                  | facturer                       | Representatives,<br>Company Number<br>From Certification                                    | Name(s)                       | Model<br>Number                       | Model Number<br>Covered by<br>Basic Model                         |                    | Produc    |
| No.  | Status<br>ok   | facturer  | Representatives,<br>Company<br>Number From<br>Certification  | Name(s)  | Number   | Model<br>Number<br>Covered by<br>Basic Model               |                        |                  | facturer<br>Status             | Representatives,<br>Company Number<br>From Certification<br>Sheet Status                    | Name(s)<br>Status             | Model<br>Number<br>Status             | Model Number<br>Covered by<br>Basic Model<br>Status               | Status             | Produc    |
| No.<br>1   | Status<br>ok<br>ok                                     | facturer<br>Man 1                                   | Representatives,<br>Company<br>Number From<br>Certification  | Name(s)<br>Brand 1                                 | Number<br>200  | Model<br>Number<br>Covered by<br>Basic Model<br>201        | n                      | Class            | facturer<br>Status<br>ok       | Representatives,<br>Company Number<br>From Certification<br>Sheet Status<br>ok              | Name(s)<br>Status<br>ok       | Model<br>Number<br>Status<br>ok       | Model Number<br>Covered by<br>Basic Model<br>Status<br>ok         | Status             | Produc    |
| No.<br>1<br>2  | Status<br>ck<br>ck<br>ck                               | Facturer<br>Man 1<br>Man 2                          | Representatives,<br>Company<br>Number From<br>Certification  | Name(s)<br>Brand 1<br>Brand 2                      | Number           200         300                           | Model<br>Number<br>Covered by<br>Basic Model<br>201<br>301 | n<br>d                 | Class<br>1<br>2  | facturer<br>Status<br>ok<br>ok | Representatives,<br>Company Number<br>From Certification<br>Sheet Status<br>ok<br>ok        | Name(s)<br>Status<br>ok<br>ok | Model<br>Number<br>Status<br>ok<br>ok | Model Number<br>Covered by<br>Basic Model<br>Status<br>ok<br>ok   | Status<br>ok<br>ok | Produc    |
| No.<br>1<br>2<br>3   | Status<br>ok<br>ok                                     | Facturer<br>Man 1<br>Man 2                          | Representatives,<br>Company<br>Number From<br>Certification  | Name(s)<br>Brand 1<br>Brand 2                      | Number           200         300                           | Model<br>Number<br>Covered by<br>Basic Model<br>201<br>301 | n<br>d                 | Class<br>1<br>2  | facturer<br>Status<br>ok<br>ok | Representatives,<br>Company Number<br>From Certification<br>Sheet Status<br>ok<br>ok        | Name(s)<br>Status<br>ok<br>ok | Model<br>Number<br>Status<br>ok<br>ok | Model Number<br>Covered by<br>Basic Model<br>Status<br>ok<br>ok   | Status<br>ok<br>ok | Product   |
| 2<br>3<br>4  | Status<br>ck<br>ck                                     | Facturer<br>Man 1<br>Man 2                          | Representatives,<br>Company<br>Number From<br>Certification  | Name(s)<br>Brand 1<br>Brand 2                      | Number           200         300                           | Model<br>Number<br>Covered by<br>Basic Model<br>201<br>301 | n<br>d                 | Class<br>1<br>2  | facturer<br>Status<br>ok<br>ok | Representatives,<br>Company Number<br>From Certification<br>Sheet Status<br>ok<br>ok        | Name(s)<br>Status<br>ok<br>ok | Model<br>Number<br>Status<br>ok<br>ok | Model Number<br>Covered by<br>Basic Model<br>Status<br>ok<br>ok   | Status<br>ok<br>ok | Product   |