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

Product Type: General Service Incandescent Lamps	Version 4.3
Status of This Certification Sheet	No Data
Overall Status of Template	No Data
Submitter Information	
l am a(n) (check one only):	
O Domestic Manufacturer	
O Importer	Please enter required data
O Third-Party Representative	
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

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.

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 Protection importer identification number below 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): For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL): For Private Labeler - Provide all of the	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
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 Protection importer identification number below 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 Protection importer identification number below 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 Protection importer identification number below 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):	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.

			General Servi No Data Ce		Overall State	S us of Template		Version 4.3 Data															
Plea Click Cells If the Repo	se enter yo on the co highlights "Status" f erts submit	ur data in the cu umn heading fo d in yellow indi or a row is "Ern ted with errors	olumns shaded in gra e instructions on how cate an "Error." "Erro or," you can see an ex cannot be processed			<u>ch model</u> . g or there is an iss t of the Status colu m.	ue with the	entry.															
Line No.			For Third-Party Representatives, Company Number From Certification Sheet	Brand Name(s)	Basic Model Number	Individual Model Number Covered by Basic Model			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	NVLAP Identification Number or Other NVLAP-Approved Accreditation Identification	Has the Basic Model Been in Production For 7 Months or Greater?	Production Date 1 - M/YYYY Format	Production Date 2 - M/YYYY Format	Production Date 4 - M/YYYY Format		Production Date 7 - M/YYYY Format	12-Month Average Maximum Rate Wattage (Watts)	12-Month Average Minimum Rated Lifetime (Hours)	12-Month Average Color Rendering Index (CRI)
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The following is a description of each product class:

Product Class	Product Class Description					
1	General Service Incandescent Lamps with Rated Lumen Ranges of 1490 to 2600 lumens					
2	Modified Spectrum General Service Incandescent Lamps with Rated Lumen Ranges of 1118 to 1950 lumens					

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 - If these inc - If these inc the far right	ompleted correctly, the "Status" inc dicators read "Error" in red on the C dicators read "Error" in red on the I of the sheet.	n your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields licators on the top of the Certification sheet and the top of the Input sheet will show "OK" in green. ertification sheet, look for an explanation in the column to the right of the entry field. nput sheet, look for explanations about incomplete/incorrect field entries by looking in the mirrored cells to contact-us if you have any questions about the regulations or need help with the template.
<u>Certificati</u> the page:	ck on the tab for the on Sheet at the bottom of ON INSTRUCTIONS	I Input Product Description Instructions 1 Ready Ready
	Step 1	Enter the Submitter Information - required for all submissions.
	Submitter Information I am a(n) (check one only): ODomestic Manufacturer OImporter OThird-Party Representative	
	Submitter Information (Required f	or all submissions):
	Company Name: Company Address: Contact Name:	
	Contact Telephone Number: Contact Fax Number:	
	Contact email Address: For importers, the U.S. Customs and Border Protection importer identification number (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 one shown below. - On each copy of the template, y	Id enter data on the companies for which they are reporting. for which you are reporting on this copy of the template in the box on the Certification sheet similar to the ou may report for no more than five companies. han five companies, complete as many separate copies of the template as are necessary.
	If you are a Third-Party Representative, for how many companies on whose behalf are you 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: 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 Protection importer identification number below Private Labeler - Provide all of the brand name(S) below
	For Importer - U.S. Customer and Border Protection importer identification number (OPTIONAL):	
	For Private Labeler - Provide all of the brand name(s):	

Step	3
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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 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

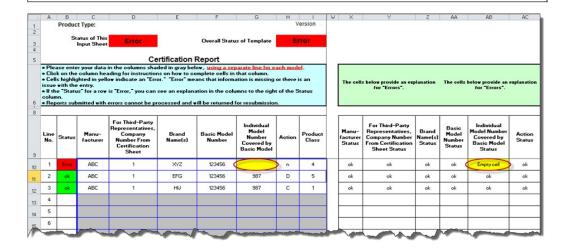
Step 1

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.

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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	Manu- facturer Status	For Third-Party Representatives, Company Number From Certification Sheet Status	Brand Name(s) Status	Basic Model Number Status	Individual Model Number Covered by Basic Model Status	Action Status	Product
.ine No.	Status		Representatives, Company Number From Certification			Model Number Covered by	Action		facturer	Representatives, Company Number From Certification	Name(s)	Model Number	Model Number Covered by Basic Model		Product
No.	Status ok	facturer	Representatives, Company Number From Certification	Name(s)	Number	Model Number Covered by Basic Model			facturer Status	Representatives, Company Number From Certification Sheet Status	Name(s) Status	Model Number Status	Model Number Covered by Basic Model Status	Status	Product
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No. 1 2	Status ok ok	facturer Man 1 Man 2	Representatives, Company Number From Certification	Name(s) Brand 1 Brand 2	Number 200 300	Model Number Covered by Basic Model 201 301	n d	Class 1 2	facturer Status ok ok	Representatives, Company Number From Certification Sheet Status ok ok	Name(s) Status ok ok	Model Number Status ok ok	Model Number Covered by Basic Model Status ok ok	Status ok ok	Product
2	Status ok ok	facturer Man 1 Man 2	Representatives, Company Number From Certification	Name(s) Brand 1 Brand 2	Number 200 300	Model Number Covered by Basic Model 201 301	n d	Class 1 2	facturer Status ok ok	Representatives, Company Number From Certification Sheet Status ok ok	Name(s) Status ok ok	Model Number Status ok ok	Model Number Covered by Basic Model Status ok ok	Status ok ok	Product
No. 1 2 3 4	Status ok ok	facturer Man 1 Man 2	Representatives, Company Number From Certification	Name(s) Brand 1 Brand 2	Number 200 300	Model Number Covered by Basic Model 201 301	n d	Class 1 2	facturer Status ok ok	Representatives, Company Number From Certification Sheet Status ok ok	Name(s) Status ok ok	Model Number Status ok ok	Model Number Covered by Basic Model Status ok ok	Status ok ok	Product