Product Type: **Residential Refrigerators, Refrigerator-Freezers, and Freezers**   Version 4.3

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   Please enter required data

⃝ 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
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 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):

- ☐ 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):

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

| Product Type: | **Residential Refrigerators, Refrigerator-Freezers, and Freezers** | Version 4.3 |

| Status of This Input Sheet | **No Data** | Overall Status of Template | **No Data** |

Certification Report

| 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	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	Annual Energy Use (kWh/year)	Total Adjusted Volume (ft³)	Does the Basic Model have Variable Defrost?	CT_{ss} if Applicable	CT_{sf} if Applicable	Does the Basic Model have a Variable Anti-sweat Heater Control?	If Applicable, Heater Watts at:										Was Testing Conducted with Modifications to the Standard Temperature Sensor Locations?
																				5% Humidity	15% Humidity	25% Humidity	35% Humidity	45% Humidity	55% Humidity	65% Humidity	75% Humidity	85% Humidity	95% Humidity	
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The following is a description of each product class:

Product Class	Product Class Description
1	Refrigerators and Refrigerator-freezers with manual defrost
2	Refrigerator-Freezer—partial automatic defrost
3	Refrigerator-Freezers—automatic defrost with top-mounted freezer without through-the-door ice service and all-refrigerators—automatic defrost
4	Refrigerator-Freezers—automatic defrost with side-mounted freezer without through-the-door ice service
5	Refrigerator-Freezers—automatic defrost with bottom-mounted freezer without through-the-door ice service
6	Refrigerator-Freezers—automatic defrost with top-mounted freezer with through-the-door ice service
7	Refrigerator-Freezers—automatic defrost with side-mounted freezer with through-the-door ice service
8	Upright Freezers with Manual Defrost
9	Upright Freezers with Automatic Defrost
10	Chest Freezers and all other Freezers except Compact Freezers
11	Compact Refrigerators and Refrigerator-Freezers with Manual Defrost
12	Compact Refrigerator-Freezers—partial automatic defrost
13	Compact Refrigerator-Freezers—automatic defrost with top-mounted freezer and compact all-refrigerators—automatic defrost
14	Compact Refrigerator-Freezers—automatic defrost with side-mounted freezer
15	Compact Refrigerator-Freezers—automatic defrost with bottom-mounted freezer
16	Compact Upright Freezers with Manual Defrost
17	Compact Upright Freezers with Automatic Defrost
18	Compact Chest Freezers

Instructions for CCMS Reporting Certification & Templates

You are currently on the Instructions sheet. Please refer to these instructions when completing the Certification and Input sheets.

◄ ◄ ► ►|	Certification	Input	Product Description	**Instructions**	
Ready						
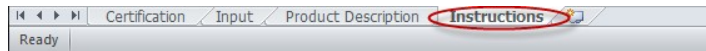
Use your mouse, the "Tab" key and/or arrows on your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields have been completed correctly, the "Status" indicators on the top of the Certification sheet and the top of the Input sheet will show "OK" in green.
 - If these indicators read "Error" in red on the Certification sheet, look for an explanation in the column to the right of the entry field.
 - If these indicators read "Error" in red on the Input sheet, look for explanations about incomplete/incorrect field entries by looking in the mirrored cells to the far right of the sheet.

Please go to https://www.regulations.doe.gov/contact-us if you have any questions about the regulations or need help with the template.

Please click on the tab for the Certification Sheet at the bottom of the page:

◄ ◄ ► ►|	**Certification**	Input	Product Description	Instructions	
Ready						
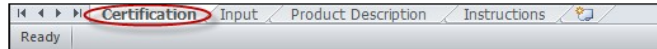
CERTIFICATION INSTRUCTIONS

Step 1	**Enter the Submitter Information - required for all submissions.**

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

○ Domestic Manufacturer
○ Importer
○ Third-Party Representative

Submitter Information (Required for 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 Representative, skip to the Compliance Statement (Step 3)

Step 2	**Enter the Third Party Representative Information**

- Third Party Representatives should enter data on the companies for which they are reporting.
- Enter the number of companies for which you are reporting on this copy of the template in the box on the Certification sheet similar to the one shown below.
- **On each copy of the template, you may report for no more than five companies.**
- **If you need to report for more than 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 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. Customer and Border Protection importer identification number (OPTIONAL):	
For Private Labeler - Provide all of the brand name(s):	

- 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 click on the tab for the Input Sheet at the bottom of the page:

⏮ ◀ ▶ ⏭   Certification / **Input** / Product Description / Instructions / ⭐
Ready

TEMPLATE INSTRUCTIONS

Step 1   **Filling out the Template**

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

Step 2   **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.