

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
- ☐ 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.

Please enter required data

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.	<table><tr><td>Company Name:</td><td></td></tr><tr><td>Company Address:</td><td></td></tr><tr><td>Responsible Person at Company:</td><td></td></tr><tr><td>Telephone Number:</td><td></td></tr><tr><td>Fax Number:</td><td></td></tr><tr><td>Email Address:</td><td></td></tr></table>	Company Name:		Company Address:		Responsible Person at Company:		Telephone Number:		Fax Number:		Email Address:	
Company Name:													
Company Address:													
Responsible Person at Company:													
Telephone Number:													
Fax Number:													
Email Address:													
Select all that apply (at least one):	<div><input type="checkbox"/> Domestic Manufacturer</div> <div><input type="checkbox"/> Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below</div> <div><input type="checkbox"/> Private Labeler - Provide all of the brand name(s) below</div>												
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 ☐ Domestic Manufacturer

(at least one): ☐ 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 ☐ Domestic Manufacturer

(at least one): ☐ 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 ☐ Domestic Manufacturer

(at least one): ☐ 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):	<input type="checkbox"/> Domestic Manufacturer
	<input type="checkbox"/> Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below
	<input type="checkbox"/> Private Labeler - Provide all of the brand name(s) below

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

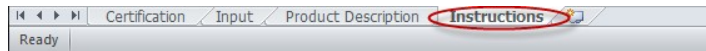
Submission of this data is mandatory.

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.

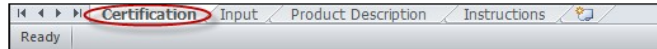


Use your mouse, the "Tab" key and/or arrows on your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields have been completed correctly, the "Status" indicators on the top of the Certification sheet and the top of the Input sheet will show "OK" in 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 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):	<input type="checkbox"/> Domestic Manufacturer <input type="checkbox"/> Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below <input type="checkbox"/> 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):	

Compliance Statement

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

Navigation bar: Certification **Input** Product Description Instructions

Filling out the Template

- | Product Type: | | Version: | | | | | | |
|---|--------|----------------------------|--|---------------|--------------------|--|--------|---------------|
| Status of This Input Sheet | Error | Overall Status of Template | Error | | | | | |
| Certification Report | | | | | | | | |
| <p>• Please enter your data in the columns shaded in gray below, <u>using a separate line for each model</u>.</p> <p>• Click on the column heading for instructions on how to complete cells in that column.</p> <p>• Cells highlighted in yellow indicate an "Error." "Error" means that information is missing or there is an issue with the entry.</p> <p>• If the "Status" for a row is "Error," you can see an explanation in the columns to the right of the Status column.</p> <p>• Reports submitted with errors cannot be processed and will be returned for resubmission.</p> | | | | | | | | |
| Line No. | Status | Manufacturer | 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 |
| 1 | Error | ABC | 1 | XYZ | 123456 | | n | 4 |
| 2 | ok | ABC | 1 | EPG | 123456 | 387 | D | 5 |
| 3 | ok | ABC | 1 | HJ | 123456 | 387 | C | 1 |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

Manufacturer 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
ok	ok	ok	ok	Empty cell	ok
ok	ok	ok	ok	ok	ok
ok	ok	ok	ok	ok	ok

Completed template

- | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS | AT | AU | AV | AW | AX | AY | AZ | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ | BK | BL | BM | BN | BO | BP | BQ | BR | BS | BT | BU | BV | BW | BX | BY | BZ | CA | CB | CC | CD | CE | CF | CG | CH | CI | CJ | CK | CL | CM | CN | CO | CP | CQ | CR | CS | CT | CU | CV | CW | CX | CY | CZ | DA | DB | DC | DD | DE | DF | DG | DH | DI | DJ | DK | DL | DM | DN | DO | DP | DQ | DR | DS | DT | DU | DV | DW | DX | DY | DZ | EA | EB | EC | ED | EE | EF | EG | EH | EI | EJ | ЕК | EL | EM | EN | EO | EP | EQ | ER | ES | ET | EU | EV | EW | EX | EY | EZ | FA | FB | FC | FD | FE | FF | FG | FH | FI | FJ | FK | FL | FM | FN | FO | FP | FQ | FR | FS | FT | FU | FV | FW | FX | FY | FZ | GA | GB | GC | GD | GE | GF | GG | GH | GI | GJ | GK | GL | GM | GN | GO | GP | GQ | GR | GS | GT | GU | GV | GW | GX | GY | GZ | HA | HB | HC | HD | HE | HF | HG | HH | HI | HJ | HK | HL | HM | HN | HO | HP | HQ | HR | HS | HT | HU | HV | HW | HX | HY | HZ | IA | IB | IC | ID | IE | IF | IG | IH | II | IJ | IK | IL | IM | IN | IO | IP | IQ | IR | IS | IT | IU | IV | IW | IX | IY | IZ | JA | JB | JC | JD | JE | JF | JG | JH | JI | IJ | JK | KL | KM | KN | KO | KP | KQ | KR | KS | KT | KU | KV | KW | KX | KY | KZ | LA | LB | LC | LD | LE | LF | LG | LH | LI | LJ | LK | LL | LM | LN | LO | LP | LQ | LR | LS | LT | LU | LV | LW | LX | LY | LZ | MA | MB | MC | MD | ME | MF | MG | MH | MI | MJ | MK | ML | MM | MN | MO | MP | MQ | MR | MS | MT | MU | MV | MW | MX | MY | MZ | NA | NB | NC | ND | NE | NF | NG | NH | NI | NJ | NK | NL | NM | NN | NO | NP | NQ | NR | NS | NT | NU | NV | NW | NX | NY | NZ | OA | OB | OC | OD | OE | OF | OG | OH | OI | OJ | OK | OL | OM | ON | OO | OP | OQ | OR | OS | OT | OU | OV | OW | OX | OY | OZ | PA | PB | PC | PD | PE | PF | PG | PH | PI | PJ | PK | PL | PM | PN | PO | PP | PQ | PR | PS | PT | PU | PV | PW | PX | PY | PZ | QA | QB | QC | QD | QE | QF | QG | QH | QI | QJ | QK | QL | QM | QN | QO | QP | QQ | QR | QS | QT | QU | QV | QW | QX | QY | QZ | RA | RB | RC | RD | RE | RF | RG | RH | RI | RJ | RK | RL | RM | RN | RO | RP | RQ | RR | RS | RT | RU | RV | RW | RX | RY | RZ | SA | SB | SC | SD | SE | SF | SG | SH | SI | SJ | SK | SL | SM | SN | SO | SP | SQ | SR | SS | ST | SU | SV | SW | SX | SY | SZ | TA | TB | TC | TD | TE | TF | TG | TH | TI | TJ | TK | TL | TM | TN | TO | TP | TQ | TR | TS | TT | TU | TV | TW | TX | TY | TZ | UA | UB | UC | UD | UE | UF | UG | UH | UI | UJ | UK | UL | UM | UN | UO | UP | UQ | UR | US | UT | UU | UV | UW | UX | UY | UZ | VA | VB | VC | VD | VE | VF | VG | VH | VI | VJ | VK | VL | VM | VN | VO | VP | VQ | VR | VS | VT | VU | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | WU | WV | WW | WX | WY | WZ | XA | XB | XC | XD | XE | XF | XG | XH | XI | XJ | XK | XL | XM | XN | XO | XP | XQ | XR | XS | XT | XU | XV | XW | XX | XY | XZ | YA | YB | YC | YD | YE | YF | YG | YH | YI | YJ | YK | YL | YM | YN | YO | YP | YQ | YR | YS | YT | YU | YV | YW | YX | YY | YZ | ZA | ZB | ZC | ZD | ZE | ZF | ZG | ZH | ZI | ZJ | ZK | ZL | ZM | ZN | ZO | ZP | ZQ | ZR | ZS | ZT | ZU | ZV | ZW | ZX | ZY</ |
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