| Product Type:  | Fluorescent Lamp Ballasts   | Version 4.3                |
|--|---|----------------------------|
|  | Status of This Certification Sheet  | No Data                    |
|  | Overall Status of Template  | No Data                    |
| Submitter Information<br>I am a(n) (check one only):<br>Omestic<br>Manufacturer                        |   |                            |
| O Importer<br>Third-Party  |   | Please enter required data |
| not import and are submitting on be  | des industry organizations submitting on behalf of their members, foreign manufacturers who do<br>shalf of their importers, private labelers submitting on behalf of an importer or domestic<br>rganizations submitting on behalf of a manufacturer, etc. |                            |
| Submitter Information (Required fo   | or all submissions):  |                            |
| Company Name:  |   | Please enter required data |
| Company Address:   |   | Please enter required data |
| Contact Name:  |   | Please enter required data |
| Contact Telephone Number:  |   | Please enter required data |
| Contact Fax Number:  |   | Please enter required data |
| Contact email address:   |   | Please enter required data |
| For importers, the U.S. Customs and<br>Border Protection importer<br>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 <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<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:   |  |
| Fax Number:   |  |
| Email Address:  |  |
| Select all that apply (at least one):   | <ul> <li>Domestic Manufacturer</li> <li>Importer - OPTIONAL: Provide U.S. Customs and Border</li> <li>Protection importer identification number below</li> <li>Private Labeler - Provide all of the brand name(s) below</li> </ul> |
| 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:<br>Responsible Person at Company:<br>Telephone Number:<br>Fax Number:<br>Email Address:<br>Select all that apply<br>(at least one):<br>For Importer - U.S. Customs and Border<br>Protection importer identification number<br>(OPTIONAL):<br>For Private Labeler - Provide all of the | 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                                       |
|--|--|
| brand name(s):   |  |
| 3. Company Name:<br>Company Address:<br>Responsible Person at Company:<br>Telephone Number:<br>Fax Number:<br>Email Address:   |  |
| Select all that apply (at least one):  | <ul> <li>Domestic Manufacturer</li> <li>Importer - OPTIONAL: Provide U.S. Customs and Border</li> <li>Protection importer identification number below</li> <li>Private Labeler - Provide all of the brand name(s) below</li> </ul> |
| 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):   |  |
| 4. Company Name:   |  |
| Company Address:   |  |
| Responsible Person at Company:<br>Telephone Number:<br>Fax Number:<br>Email Address:   |  |
| Select all that apply (at least one):  | <ul> <li>Domestic Manufacturer</li> <li>Importer - OPTIONAL: Provide U.S. Customs and Border</li> <li>Protection importer identification number below</li> <li>Private Labeler - Provide all of the brand name(s) below</li> </ul> |
| 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 Type: | Fluorescent Lamp Ballasts | Version 4.3 |
|---------------|---------------------------|-------------|

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

Certification Report

Please enter your data in the columns shaded in gray below, <u>using a separate line for each model</u>.
 Cick on the column heading for instructions on how to complete cells in that column.
 Cells highlighted in yellow indicate an "Eror". "Eror" means that information is missing or there is an issue with the entry.
 If the "Status" for a row is "Eror", you can see an explanation in the columns to the right of the Status column.
 Reports submitted with errors cannot be processed and will be returned for resubmission.

| 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 oftby DOE's oft<br>of Hearing and Appeals? | Date of<br>Exception<br>Relief, if<br>Applicable | Ballast<br>Efficacy<br>Factor | Ballast Power<br>Factor | Number of<br>Lamps<br>Operated by<br>the Ballast | Type of Lamps<br>Operated by the<br>Ballast |
|-------------|--------|---------------|--|---------------|-----------------------|--|--------|------------------|---|--|---|---|--|-------------------------------|-------------------------|--|---|
| 1           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 2           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 4           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 5           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 6           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 7           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 8           |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 9<br>10     |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 10          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 12          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 13          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 14          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 15          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 16          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 17          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 10          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 20          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 21          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 22          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 23          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 24<br>25    |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 26          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 27          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 28          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 29          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 30          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 31<br>32    |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 33          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 34          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 35          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 36          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 37          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 38<br>39    |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 40          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 41          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 42          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 43          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 44          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 45          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 46<br>47    |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 47          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 49          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 50          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 51          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 52          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 53          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 54<br>55    |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 56          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 57          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 58          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 59          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 60          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 61          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 62<br>63    |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 64          |        |               |  |               |                       |  |        |                  |   |  |   |   |  |                               |                         |  |   |
| 6084770     |        |               |  |               |                       |  |        |                  |   | ane 4  |   |   |  |                               |                         |  | 01/2/                                       |

| 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 | Ballast<br>Efficacy<br>Factor | Ballast Power<br>Factor | Number of<br>Lamps<br>Operated by<br>the Ballast | Type of Lamps<br>Operated by the<br>Ballast |
|-------------|--------|---------------|--|---------------|-----------------------|--|--------|------------------|---|--|---|--|--|-------------------------------|-------------------------|--|---|
| 65          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 66          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 67          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 68          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 69          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 70          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 71          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 72          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 73          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 74          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 75          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 76          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 77          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 78          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 79          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 80          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 81          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 82          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 83          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 84          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 85          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 86          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 87          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 88          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 89          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 90          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 91          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 92          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 93          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 94          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 95          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 96          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 97          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 98          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 99          |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |
| 100         |        |               |  |               |                       |  |        |                  |   |  |   |  |  |                               |                         |  |   |

The following is a description of each product class:

| Product<br>Class | Product Class Description  |
|------------------|--|
| 1                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with One F40T12 Lamp at 40 Total Nominal Lamp Watts           |
| 2                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with One F40T12 Lamp at 40 Total Nominal Lamp Watts           |
| 3                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with Two F40T12 Lamps at 80 Total Nominal Lamp Watts          |
| 4                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with Two F40T12 Lamps at 80 Total Nominal Lamp Watts          |
| 5                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with Two F96T12 Lamps at 150 Total Nominal Lamp Watts         |
| 6                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with Two F96T12 Lamps at 150 Total Nominal Lamp Watts         |
| 7                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with Two F96T12HO Lamps at 220 Total Nominal Lamp<br>Watts    |
| 8                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with Two F96T12HO Lamps at 220 Total Nominal Lamp<br>Watts    |
| 9                | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with One F34T12 Lamp at 34 Total Nominal Lamp Watts           |
| 10               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with One F34T12 Lamp at 34 Total Nominal Lamp Watts           |
| 11               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with Two F34T12 Lamps at 68 Total Nominal Lamp Watts          |
| 12               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with Two F34T12 Lamps at 68 Total Nominal Lamp Watts          |
| 13               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with Two F96T12/ES Lamps at 120 Total Nominal Lamp<br>Watts   |
| 14               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with Two F96T12/ES Lamps at 120 Total Nominal Lamp<br>Watts   |
| 15               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 120 Volts and Designed for Use in Connection with Two F96T12HO/ES Lamps at 190 Total Nominal Lamp<br>Watts |
| 16               | Fluorescent Lamp Ballasts with Ballast Input Voltage of 277 Volts and Designed for Use in Connection with Two F96T12HO/ES Lamps at 190 Total Nominal Lamp<br>Watts |

## 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.  |   |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|
|   | If I have a construction of the second description of the second descripticond description of the second description |   |  |  |  |  |  |  |  |  |
| 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 | e Input |
|-----------|--------------|-----------|---------|
| Sheet at  | the bottom   | of the n  | age     |

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

TEMPLATE INSTRUCTIONS

Step 2

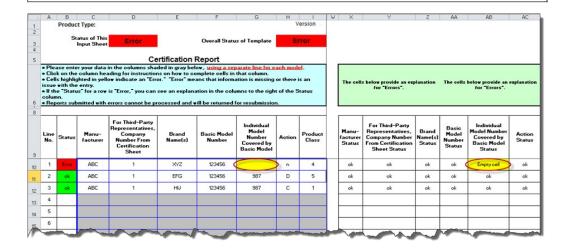
| Step 1 |
|--------|
|--------|

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>Clic</li> <li>Cellissue</li> <li>If the column state</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   |