

Product Type: **Bare or Covered (No Reflector) Medium Base Compact Fluorescent Lamps**

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

Please enter required data

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):



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):	
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.

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, using a separate line for each model.  
 \* Click on the column heading for instructions on how to complete cells in that column.  
 \* Cells highlighted in yellow indicate an "Error." "Error" means that information is missing or there is an issue with the entry.  
 \* If the "Status" for a row is "Error," 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 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	NVLAP Identification Number or Other NVLAP-Approved Accreditation Identification	Minimum Initial Efficacy (Lumens/ Watt)	Lumen Maintenance at 1,000 Hours (%)	Lumen Maintenance at 40% of Rated Life (%)	Rapid Cycle Stress Test (Number of Units Passed)	Lamp Life (Hours)
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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	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	Minimum Initial Efficacy (Lumens/ Watt)	Lumen Maintenance at 1,000 Hours (%)	Lumen Maintenance at 40% of Rated Life (%)	Rapid Cycle Stress Test (Number of Units Passed)	Lamp Life (Hours)
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The following is a description of each product class:

<b>Product Class</b>	<b>Product Class Description</b>
1	Bare Lamp Medium Base Compact Fluorescent Lamps with Lamp Power less than 15 Watts
2	Bare Lamp Medium Base Compact Fluorescent Lamps with Lamp Power Greater than or Equal to 15 Watts
3	Covered Lamp (no reflector) Medium Base Compact Fluorescent Lamps with Lamp Power less than 15 Watts
4	Covered Lamp (no reflector) Medium Base Compact Fluorescent Lamps with Lamp Power Greater than or Equal to 15 Watts and Less Than 19 Watts
5	Covered Lamp (no reflector) Medium Base Compact Fluorescent Lamps with Lamp Power Greater than or Equal to 19 Watts and Less Than 25 Watts
6	Covered Lamp (no reflector) Medium Base Compact Fluorescent Lamps with Lamp Power Greater than or Equal to 25 Watts

## Instructions for CCMS Reporting Certification & Templates

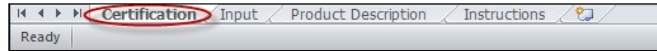
You are currently on the Instructions sheet. Please refer to these instructions when completing the Certification and Input sheets.



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):

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): \_\_\_\_\_

