# Product Type: Commercial Refrigeration Equipment - Multiple Compartments

Version 4.3

	Status of This Certification Sheet	No Data
		N- P
	Overall Status of Template	No Data
Submitter Information I am a(n) (check one only):  Domestic		
Manufacturer  O Importer		Please enter required data
Third-Party Representative The third-party representative inclund not import and are submitting on be	des industry organizations submitting on behalf of their members, foreign manufacturers who do shalf of their importers, private labelers submitting on behalf of an importer or domestic 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: Contact Telephone Number:		Please enter required data  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 Down Downsontotic	as (16 Cubusittania not a Third Bout a Dougooutstina aliin t	o Cautification
If the submitter is a third-party rep	es (If Submitter is not a Third-Party Representative, skip t resentative, provide the following information on <u>each</u> company on whose b hal 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:		
Enan Address.		
	☐ Domestic Manufacturer	
Select all that apply (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):		
Certification Compliance Statement		
SELECT SUBMITTER TYPE AT THE TO	P 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.

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		For Third Purity Representatives, Company Number From Certification Elect		Back Madel Namber	Two Column	es in Each Flow	4	Sample Six	is the Certification for this Basis Wade	Date of Test	Is the Certification base upon any Especial	Detect	is Certification Based on the use	- 1	Does the Manufacturer Drui the Wilness		Cabulaind Daily	Supplemental Testing Inclusions PCP Filmane		Compariment 1 Total Display Bers in square Sent SUS, if Applicable		_	Campaniani.	_	-		-	Compariment 6				-		- I	_			-
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					by Basic Wede	by Basis Model	1	l	Requirements				Method (MEDM)		Approximately					Applicable	if Applicable		Applicable	rabin feet (N2), F Applicable	Appli	T Applicati		Applicable	F Applicable		100,1	obiu best (NO), I Applicable		Applicable	alita feet (UZ), F Applicable	Apr	19075	pplicable
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### The following is a description of each product class:

Product Class	Equipment Category	Condensing Unit Configuration
1	Commercial Refrigerators with Solid Doors for Holding Temperature Application	Self-Contained (SC)
2	Commercial Refrigerators with Transparent Doors for Holding Temperature Application	Self-Contained (SC)
3	Commercial Refrigerators with Transparent Doors for Pull-Down Temperature Application	Self-Contained (SC)
4	Commercial Freezers with Solid Doors for Holding Temperature Application	Self-Contained (SC)
5	Commercial Freezers with Transparent Doors for Holding Temperature Application	Self-Contained (SC)
6	Medium Temperature Commercial Refrigerator	Self-Contained (SC)
7	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
8	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
9	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
10	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
11	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
12	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
13	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
14	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
15	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
16	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
17	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
18	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
19	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
20	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
21	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
22	Remote Condensing Commercial Refrigerators and Commercial Freezers	Remote (RC)
23	Self-Contained Commercial Refrigerators and Commercial Freezers without Doors	Self-Contained (SC)
24	Self-Contained Commercial Refrigerators and Commercial Freezers without Doors	Self-Contained (SC)
25	Self-Contained Commercial Refrigerators and Commercial Freezers without Doors	Self-Contained (SC)
26	Self-Contained Commercial Refrigerators and Commercial Freezers without Doors	Self-Contained (SC)
27	Self-Contained Commercial Refrigerators and Commercial Freezers without Doors	Self-Contained (SC)
28	Self-Contained Commercial Refrigerators and Commercial Freezers without Doors	Self-Contained (SC)

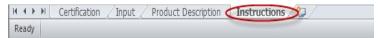
29	Commercial Ice-Cream Freezers	Remote (RC)
30	Commercial Ice-Cream Freezers	Remote (RC)
31	Commercial Ice-Cream Freezers	Remote (RC)
32	Commercial Ice-Cream Freezers	Remote (RC)
33	Commercial Ice-Cream Freezers	Remote (RC)
34	Commercial Ice-Cream Freezers	Remote (RC)
35	Commercial Ice-Cream Freezers	Remote (RC)
36	Commercial Ice-Cream Freezers	Remote (RC)
37	Commercial Ice-Cream Freezers	Self-Contained (SC)
38	Commercial Ice-Cream Freezers	Self-Contained (SC)
39	Commercial Ice-Cream Freezers	Self-Contained (SC)
40	Commercial Ice-Cream Freezers	Self-Contained (SC)
41	Commercial Ice-Cream Freezers	Self-Contained (SC)
42	Commercial Ice-Cream Freezers	Self-Contained (SC)
43	Commercial Ice-Cream Freezers	Self-Contained (SC)
44	Commercial Ice-Cream Freezers	Self-Contained (SC)

Equipment Family	Rating Temperature (°F)	Operating Temperature (°F)
N/A	38 (M)	N/A
N/A	38 (M)	N/A
N/A	38 (M)	N/A
N/A	0 (L)	N/A
N/A	0 (L)	N/A
Service Over Counter (SOC)	38 (M)	>=32
Vertical Open (VOP)	38 (M)	>= 32
Vertical Open (VOP)	0 (L)	< 32
Semivertical Open (SVO)	38 (M)	>= 32
Semivertical Open (SVO)	0 (L)	< 32
Horizontal Open (HZO)	38 (M)	>= 32
Horizontal Open (HZO)	0 (L)	< 32
Vertical Closed Transparent (VCT)	38 (M)	>= 32
Vertical Closed Transparent (VCT)	0 (L)	< 32
Horizontal Closed Transparent (HCT)	38 (M)	>= 32
Horizontal Closed Transparent (HCT)	0 (L)	< 32
Vertical Closed Solid (VCS)	38 (M)	>= 32
Vertical Closed Solid (VCS)	0 (L)	< 32
Horizontal Closed Solid (HCS)	38 (M)	>= 32
Horizontal Closed Solid (HCS)	0 (L)	< 32
Service Over Counter (SOC)	38 (M)	>= 32
Service Over Counter (SOC)	0 (L)	< 32
Vertical Open (VOP)	38 (M)	>= 32
Vertical Open (VOP)	0 (L)	< 32
Semivertical Open (SVO)	38 (M)	>= 32
Semivertical Open (SVO)	0 (L)	< 32
Horizontal Open (HZO)	38 (M)	>= 32
Horizontal Open (HZO)	0 (L)	< 32

Vertical Open (VOP)	-15 (I)	<= -5
Semivertical Open (SVO)	-15 (I)	<= -5
Horizontal Open (HZO)	-15 (I)	<= -5
Vertical Closed Transparent (VCT)	-15 (I)	<= -5
Horizontal Closed Transparent (HCT)	-15 (I)	<= -5
Vertical Closed Solid (VCS)	-15 (I)	<= -5
Horizontal Closed Solid (HCS)	-15 (I)	<= -5
Service Over Counter (SOC)	-15 (I)	<= -5
Vertical Open (VOP)	-15 (I)	<= -5
Semivertical Open (SVO)	-15 (I)	<= -5
Horizontal Open (HZO)	-15 (I)	<= -5
Vertical Closed Transparent (VCT)	-15 (I)	<= -5
Horizontal Closed Transparent (HCT)	-15 (I)	<= -5
Vertical Closed Solid (VCS)	-15 (I)	<= -5
Horizontal Closed Solid (HCS)	-15 (I)	<= -5
Service Over Counter (SOC)	-15 (I)	<= -5

### **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 the page:

For Importer - U.S. Customer and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):



### CERTIFICATION

on Sheet at the bottom of	Certification input / Product Description / Instructions / Ca/
	Ready
ON INSTRUCTIONS	
Step 1	Enter the Submitter Information - required for all submissions.
Submitter Information	
I am a(n) (check one only):	
ODomestic Manufacturer	
Olmporter	
OThird-Party Representative	
O Time Tarty Representative	
Submitter Information (Required for	or all culmiccione):
Submitter information (Nequired it	ii dii subiliissiolis).
Company Name	
Company Address	
Contact Name	
Contact Telephone Number	
Contact Fax Number	
Contact email Address	
contact email Address	
For importers, the U.S. Customs and	
Border Protection imported	
identification number (OPTIONAL)	
If you are not a Third-Party Repre	esentative, skip to the Compliance Statement (Step 3)
, ,	
Step 2	Enter the Third Party Representative Information
	ould 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 one
shown below.	you may report for no more than five companies.
	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.
Company Name	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address Responsible Person at Company	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address Responsible Person at Company Telephone Number	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address Responsible Person at Company Telephone Number Fax Number	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address Responsible Person at Company Telephone Number	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address Responsible Person at Company Telephone Number Fax Number Email Address	you are reporting on in this template, you will need to fill out a full section as shown below.  Domestic Manufacturer
Company Name Company Address Responsible Person at Company Telephone Number Fax Number Email Address Select all that apply	you are reporting on in this template, you will need to fill out a full section as shown below.
Company Name Company Address Responsible Person at Company Telephone Number Fax Number Email Address	you are reporting on in this template, you will need to fill out a full section as shown below.

- 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:



### TEMPLATE INSTRUCTIONS

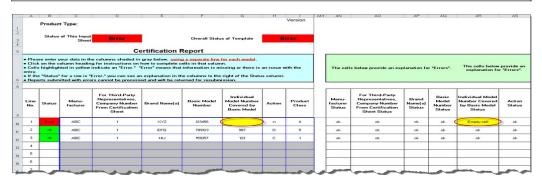
#### Step 1 Filling out the Template

- 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.
- If applicable, 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

"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.

