identification number (OPTIONAL):

Product Type: Package Terminal Air Conditioners and Heat Pumps	Version 4.5
Status of This Certification Shee	No Data
Overall Status of Template	No Data
Submitter Information	
l am a(n) (check one only):	
O Domestic Manufacturer	
O Importer	Please enter required data
O 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	

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 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:	
Linai Autress.	
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
•	

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: Package Terminal Air Conditioners and Heat Version 4.5 Pumps

Product Type: Pumps
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			For Third Darty			Enter Information Two Column	in Only One of the s in Each Row				is the Certification		is the Certification bacad				Does the Manufacturer Elect the Witness Test Option for Verification Testing? (If Applicable)						
Line No. St	latus 8	fanu-facturer	For Third-Party Representatives, Company Number From Certification Sheet	Brand Name(s)	Basic Model Number		1	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	Is Certification Based on the use of an Alternative Efficiency Determination Method (AEDM)?	Name of AEDM (If Applicable)	the Witness Test Option for	Energy Efficiency Ratio (EER) (Btu/watt-hour)	Coefficient of Performance (COP) (If Applicable)	Wall Sleeve Height (Inches)	Wall Sleeve Width (Inches)	Rated Cooling Capacity (Btulhour)	Supplemental Testing Instructions PDF Filename (Optional)
140.			From Certification Sheet		reamper	Individual Model Number Covered by Rasic Model	Private Model Number Covered by Basic Model		Ciasa	Tested)	Procedure Requirements?	Applicable	Standard by DOE's Office of Hearing and Appeals?	Applicable	Method (AEDM)?	(a opposition)	Verification Testing? (If Annlicable)	(Btu/watt-hour)	Applicable)	rangin (includy)	(inclusive)	(Btu/hour)	Filename (Optional)
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The following is a description of each product class:

Product Class	Description	Cooling Capacity Range
1	Standard Size Package Terminal Air Conditioners	<7,000 Btu/h
2	Standard Size Package Terminal Air Conditioners	>= 7,000 Btu/h and <=15,000 Btu/h
3	Standard Size Package Terminal Air Conditioners	>15,000 Btu/h
4	Standard Size Package Terminal Heat Pumps	<7,000 Btu/h
5	Standard Size Package Terminal Heat Pumps	>= 7,000 Btu/h and <=15,000 Btu/h
6	Standard Size Package Terminal Heat Pumps	>15,000 Btu/h
7	Non-Standard Size Package Terminal Air Conditioners	<7,000 Btu/h
8	Non-Standard Size Package Terminal Air Conditioners	>= 7,000 Btu/h and <=15,000 Btu/h
9	Non-Standard Size Package Terminal Air Conditioners	>15,000 Btu/h
10	Non-Standard Size Package Terminal Heat Pumps	<7,000 Btu/h
11	Non-Standard Size Package Terminal Heat Pumps	>= 7,000 Btu/h and <=15,000 Btu/h
12	Non-Standard Size Package Terminal Heat Pumps	>15,000 Btu/h

Instructions for CCMS Reporting Certification & Templates

	You are currently on the Instruc and Input sheets.	tions sheet. Please refer to these instructions when completing the Certification	
	K + F Certification / Inpu	ut / Product Description / Instructions / /	
	Ready		
have been co - If these ind - If these ind the far right o	mpleted correctly, the "Status" ind licators read "Error" in red on the C licators read "Error" in red on the Ir of the sheet.	n your keyboard to navigate through the fillable fields in both the Certification and Input sheets. licators on the top of the Certification sheet and the top of the Input sheet will show "OK" in gre ertification sheet, look for an explanation in the column to the right of the entry field. nput sheet, look for explanations about incomplete/incorrect field entries by looking in the mirro contact-us if you have any questions about the regulations or need help with the template.	en.
	<u>k on the tab for the</u> on Sheet at the bottom of	Ready	<u>*</u>
CERTIFICATIO	ON INSTRUCTIONS		
	Step 1	Enter the Submitter Information - required for all submissions.	
	Submitter Information		
	I am a(n) (check one only):		
	O Domestic Manufacturer O Importer		
	O Third-Party Representative		
	Submitter Information (Required for	r 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 Repres	sentative, skip to the Compliance Statement (Step 3)	
	Step 2	Enter the Third Party Representative Information	
	- Enter the number of companies f shown below. - On each copy of the template, y	uld 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 simila ou may report for no more than five companies. han five companies, complete as many separate copies of the template as are necessary.	ar to the one
	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 y	you are reporting on in this template, you will need to fill out a full section as shown below.	
1.			
	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:	

<u>Please click on the tab for the Input</u> <u>Sheet at the bottom of the page:</u>
 Image: Certification
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TEMPLATE INSTRUCTIONS

Step 1

Filling out the Template

- At any time you may click on a column nearing for a complete explanation or what to enter in each cell.

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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.

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