Product Type: Faucets Status of This Certification Sheet Overall Status of Template

Submitter Information

I am a(n) (check one only):
Domestic
Manufacturer
Importer
Importer
Importer
Importer
Intrid-Party
Representative
Interting on behalf of their members, foreign manufacturers who do
not import and are submitting on behalf of a manufacturer, etc.

Version 4.2

No Data

No 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 <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. c	ompany Name:	
Com	npany Address:	
Responsible Perso	on at Company:	
Telep	phone Number:	
	Fax Number:	
I	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. Cust Protection importer ident		
For Private Labeler - F	Provide all of the brand name(s):	
2. c	ompany Name:	

Company Address: Responsible Person at Company: Telephone Number: Fax Number: Email Address: Select all that apply (at least one): For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL): For Private Labeler - Provide all of the	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
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: Faucets

Version 4.2

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>.
 Click on the column heading for instructions on how to complete cells in that column.
 Clish bightighted 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	Maximum Water Use (Gallons per Minute Except Gallons per Cycle for Metering Faucets)	Flow Water Pressure (psi)
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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	Maximum Water Use (Gallons per Minute Except Gallons per Cycle for Metering Faucets)	Flow Water Pressure (psi)
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The following is a description of each product class:

Product Class	Product Class Description
1	Lavatory Faucets
2	Lavatory Replacement Aerators
3	Kitchen Faucets
4	Kitchen Replacement Aerators
5	Metering Faucets

Instructions for CCMS Reporting Certification & Templates

	You are currently on the Instruction and Input sheets.	tions sheet. Please refer to these instructions when completing the Certification
	Ready Certification / Inpu	t / Product Description CInstructions
have been co - If these inc - If these inc the far right	ompleted correctly, the "Status" inc dicators read "Error" in red on the C dicators read "Error" in red on the I of the sheet.	n your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields licators on the top of the Certification sheet and the top of the Input sheet will show "OK" in green. 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 mirrored cells to contact-us if you have any questions about the regulations or need help with the template.
<u>Certificati</u> the page:	ck on the tab for the on Sheet at the bottom of ON INSTRUCTIONS	I Input Product Description Instructions 1 Ready Ready
	Step 1	Enter the Submitter Information - required for all submissions.
	Submitter Information I am a(n) (check one only): ODomestic Manufacturer OImporter OThird-Party Representative	
	Submitter Information (Required f	or 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 Repre	sentative, skip to the Compliance Statement (Step 3)
	Step 2	Enter the Third Party Representative Information
	- Enter the number of companies one shown below. - On each copy of the template, y	Id 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 ou may report for no more than five companies. han 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 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):	

Step	3
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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 compliance (required):	
Enter your email address (required):	
Date (MM/DD/YYYY) required:	

Please cl	ick on the t	ab for th	ne Input
Sheet at	the botton	of the r	hage:

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

TEMPLATE INSTRUCTIONS

Step 2

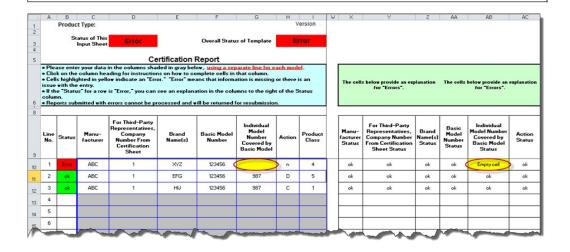
Step 1

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.

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			Ce	rtification	Report										
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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	Manu- facturer 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	Produc
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No. 1 2 3	Status ok ok	Facturer Man 1 Man 2	Representatives, Company Number From Certification	Name(s) Brand 1 Brand 2	Number 200 300	Model Number Covered by Basic Model 201 301	n d	Class 1 2	facturer Status ok ok	Representatives, Company Number From Certification Sheet Status ok ok	Name(s) Status ok ok	Model Number Status ok ok	Model Number Covered by Basic Model Status ok ok	Status ok ok	Product
2 3 4	Status ck ck	Facturer Man 1 Man 2	Representatives, Company Number From Certification	Name(s) Brand 1 Brand 2	Number 200 300	Model Number Covered by Basic Model 201 301	n d	Class 1 2	facturer Status ok ok	Representatives, Company Number From Certification Sheet Status ok ok	Name(s) Status ok ok	Model Number Status ok ok	Model Number Covered by Basic Model Status ok ok	Status ok ok	Product