OMB Control Number: 1910-1400 (Expiration Date: XXXXXX XX, XXXX)

DOE F 220.27

Product Type: Dehumidifiers

Click here for instructions for completing this form

Each Importer and U.S. Manufacturer is legally required to **certify** the compliance of the products it imports, produce This certification may be <u>submitted</u> by the Importer or U.S. manufacturer or by a Third Party Representation <u>Certifier - Party Legally Obligated to Certify Compliance</u> Submitter -The party responsible for **certification** is (select one only): The party **submi** the Certifier (d ○ a U.S. Manufacturer Contact Inforn Please enter required data a Third Party R O an Importer Authorization f **Certifier Contact Information** Third Party Please enter Full Legal Name of Individual Full Legal Name c required data Please enter Full Legal Name of Company Full Legal Name o required data Please enter Complete Company Mailing Address Complete Company Mail required data Please enter Phone Number Pho required data Please enter **Email Address** Em required data **Compliance Statement** Select one of the options for 'Submitter - Party Submitting This Report' above **Submitter Signature (Type** Please enter Date (MM your Full Legal Name) required data

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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, c monitor compliance with the energy conservation, water conservation, and design standards and testing requirements fc mandated by the Energy Policy and Conservation Act, as amended.

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Submission of this data is mandatory.

No Data

Overall Status of Template No Data s, assembles or manufactures. This party is the "Certifier" on this form. esentative. This party is the "Submitter" on this form. **Party Submitting This Report** tting this report is (select one only): do not complete the Third Party Representative nation below) Please enter required data tepresentative (you must have valid Third Party forms on file with the Department of Energy) **Representative Contact Information, if Applicable** Please enter of Individual required data Please enter of Company required data Please enter ing Address required data Please enter ne Number required data Please enter ail Address required data Please enter IDD/YYYY) required data

Status of This Certification Sheet

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penalty for failure to comply with a collection of information subject to the $\ensuremath{\mid}$ number.

Status of This Input Sheet No Data

Overall Status of Template No Data

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.

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 far right.

Certification Report Click here for instructions for completing this form

| Line No. | Status | Manufacturer | Brand Name(s) | Basic Model Number | Individual Model Number Covered by Basic Model | Action | Product Group Code | 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 | Integrated Energy Factor (liters/kWh) | Capacity (pints/day) | For Whole-Home Dehumidifiers, Case Volume (cubic feet) |
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| Line No. | Status | Manufacturer | Brand Name(s) | Basic Model Number | Individual Model Number Covered by Basic Model | Action | Product Group Code | 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 | Integrated Energy Factor (liters/kWh) | Capacity (pints/day) | For Whole-Home Dehumidifiers, Case Volume (cubic feet) |
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The following is a description of each product group code:

| Product Group Code | Product Group Code Description |
|--------------------------|---|
| 1 | Portable dehumidifiers with a capacity less than or equal to 25 pints per day |
| 2 | Portable dehumidifiers with a capacity greater than 25 pints per day and less than or equal to 50 pints per day |
| 3 | Portable dehumidifiers with a capacity greater than 50 pints per day |
| 4 | Whole-home dehumidifiers with a product case volume less than or equal to 8 cubic feet |
| 5 | Whole-home dehumidifiers with a product case volume greater than 8 cubic feet |