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

DOE F 220.76

**Product Type: Microwave Ovens** 

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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Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control

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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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	Average Standby Power (Watts)
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## The following is a description of each product group code:

Product Group Code							
1	Microwave-only ovens and countertop convection microwave ovens						
2	Built-in and over-the-range convection microwave ovens						