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

DOE F 220.12

Product Type: Residential Gas Cooking Products

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

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

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.

Public reporting burden for this collection of information is estimated to average 35 hours per response, including the tim maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OM 20503.

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

or design standards. The data you supply will be used by the Department to or the consumer products and commercial and industrial equipment

le for reviewing instructions, searching existing data sources, gathering and burden estimate or any other aspect of this collection of information, IM-23, Paperwork Reduction Project (1910-1400), U.S. Department of B), OIRA, Paperwork Reduction Project (1910-1400), Washington, DC

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

Version 5.2

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 for

	Certification Report		CIICK HETE IOI	instructions for comp	ieung uns	IUIII							
Line No.	Status	Manufacturer	Brand Name(s)	Basic Model Number	Individual Model Number Covered by Basic Model	Action	Product Group Code	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	Does the Model Have a Constant Burning Pilot Light?	Does the Model Meet the Design Requirements in 10 CFR Part 430.32?
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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	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	Does the Model Have a Constant Burning Pilot Light?	Does the Model Meet the Design Requirements in 10 CFR Part 430.32?
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The following is a description of each product group code:

Product Group Code	Product Group Code Description				
1	Gas cooking products with an electrical supply cord				
2	Gas cooking products without an electrical supply cord				