

Product Type: Urinals

[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 **submitted** by the Importer or U.S. manufacturer or by a Third Party Representative

Certifier - Party Legally Obligated to Certify Compliance

The party responsible for **certification** is (select one only):

- ☐ a U.S. Manufacturer
- ☐ an Importer

Please enter required data

Certifier Contact Information

Full Legal Name of Individual

Please enter required data

Full Legal Name of Company

Please enter required data

Complete Company Mailing Address

Please enter required data

Phone Number

Please enter required data

Email Address

Please enter required data

Submitter -

The party **submitting**

- ☐ the Certifier (or its Third Party Representative) Contact Information
- ☐ a Third Party Representative Authorization form

Third Party Representative

Full Legal Name of Third Party Representative

Full Legal Name of Third Party Representative

Complete Company Mailing Address

Phone Number

Email Address

Compliance Statement

Select one of the options for 'Submitter - Party Submitting This Report' above

Submitter Signature (Type your Full Legal Name)

Please enter required data

Date (MM/DD/YYYY)

OMB Burden Disclosure Statement

This data is being collected for manufacturers to certify compliance to DOE's energy conservation, water conservation, and monitor compliance with the energy conservation, water conservation, and design standards and testing requirements 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 time for reviewing existing data sources, gathering 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, Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (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, any collection of information that does not display a currently valid OMB control number.

Submission of this data is mandatory.

Status of This Certification Sheet

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

Submitting this report is (select one only):

do not complete the Third Party Representative
nation below)

Representative (you must have valid Third Party
Forms on file with the Department of Energy)

Please enter
required data

Representative Contact Information, if Applicable

if Individual		Please enter required data
if Company		Please enter required data
ing Address		Please enter required data
ne Number		Please enter required data
ail Address		Please enter required data

/DD/YYYY)

Please enter
required data

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

ie for reviewing instructions, searching existing data sources, gathering and
s 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
l number.

Urinals

Version 5.3

Status of This Input Sheet

No Data

Overall Status of Template

No Data

Certification Report

[Click here for instructions for completing this form](#)

• Please enter your data in the columns shaded in gray below, [using a separate line for each model](#).

• 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.

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	Maximum Water Use (Gallons per Flush) (non Trough-Type Urinals only)	Maximum Flow Rate (Gallons per Minute) (Trough-Type Urinals only)	Trough Length (Inches) (Trough-Type Urinals only)
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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	Maximum Water Use (Gallons per Flush) (non Trough-Type Urinals only)	Maximum Flow Rate (Gallons per Minute) (Trough-Type Urinals only)	Trough Length (Inches) (Trough-Type Urinals only)
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The following is a description of each product group code:

Product Group Code	Product Group Code Description
1	Urinals (except trough-type)
2	Trough-Type Urinals