

Product Type: Direct Expansion - Dedicated Outdoor Air Systems

[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, produces or manufactures. 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):

|   |                            |
|---|----------------------------|
| <input type="radio"/> a U.S. Manufacturer | Please enter required data |
| <input type="radio"/> an Importer         |                            |

**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** this report is:

|   |  |
|---|--|
| <input type="radio"/> the Certifier (or its representative) is submitting this report |  |
| <input type="radio"/> a Third Party Representative is submitting this report          |  |

**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

|  |
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|   |  |                            |
|---|--|----------------------------|
| 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 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 Project, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

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 Contact  
below)

Please enter  
required data

✓ Representative (you must have valid Third Party Authorization  
with the Department of Energy)

**Representative Contact Information, if Applicable**

|               |  |                               |
|---------------|--|-------------------------------|
| if Individual |  | Please enter<br>required data |
| if Company    |  | Please enter<br>required data |
| ing Address   |  | Please enter<br>required data |
| ne Number     |  | Please enter<br>required data |
| ail Address   |  | Please enter<br>required data |

|           |  |                               |
|-----------|--|-------------------------------|
| /DD/YYYY) |  | Please enter<br>required data |
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or design standards. The data you supply will be used by the Department to  
or the consumer products and commercial and industrial equipment

e 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  
number.

Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems - v5.0

|                 |        |              |               |
|-----------------|--------|--------------|---------------|
| Column Headers: | Status | Manufacturer | Brand Name(s) |
|-----------------|--------|--------------|---------------|

|                |        |              |               |
|----------------|--------|--------------|---------------|
| Pop-Up Headers | Status | Manufacturer | Brand Name(s) |
|----------------|--------|--------------|---------------|

|                 |  |  |  |
|-----------------|--|--|--|
| Pop-Up Contents | <p>The cells below show whether there are any issues with the data on that line. If the status is "ok," there are no issues. If the status is "Error," there are issues with the data. See columns to the right for an indication of the issues with the data.</p> | <p>Enter the Manufacturer name in the cells below.</p> | <p>Enter the Brand Name(s) in the cells below.</p> |
|-----------------|--|--|--|

|                           |  |  |
|---------------------------|--|--|
| <b>Basic Model Number</b> | <b>Individual Model Number Covered by Basic Model (Outdoor Unit or Package Unit)</b> | <b>Individual Model Number Covered by Basic Model (Indoor Unit), if Applicable</b> |
|---------------------------|--|--|

|                    |                         |                                  |
|--------------------|-------------------------|----------------------------------|
| Basic Model Number | Individual Model Number | Individual Model No. Indoor Unit |
|--------------------|-------------------------|----------------------------------|

|   |   |   |
|---|---|---|
| <p>Enter the Basic Model Number in the cells below.</p> | <p>For single-package units, enter the Individual Model Number Covered by the Basic Model in the cells below.</p> <p>For split-systems, enter the Outdoor Unit Individual Model Number Covered by the Basic Model in the cells below.</p> | <p>For split-systems only, enter the Indoor Unit Individual Model Number Covered by the Basic Model in the cells below.</p> <p>For single-package units, make no entry.</p> |
|---|---|---|

| Have Any of the Model Numbers Been Identified as Private by the Manufacturer? | Action | Product Group Code |
|---|--------|--------------------|
|---|--------|--------------------|

| Private Model Numbers? | Action | Product Group Code |
|------------------------|--------|--------------------|
|------------------------|--------|--------------------|

|   |   |  |
|---|---|--|
| <p>Enter whether any Model Numbers Have Been Identified as Private by the Manufacturer in the cells below. For requirements for private model numbers, see 10 CFR 429.7(b).</p> <p>An affirmative entry can be "yes" or "y", a negative entry can be "no" or "n".</p> | <p>Enter one of following in cells below:</p> <p>N new model<br/> ETO engineered to order<br/> D discontinued model<br/> C correction to previous CCMS submission<br/> E submit report on existing (carryover) model<br/> F failed Industry Certification Program</p> | <p>Enter an integer between 1 and 8 in the cells below.</p> <p>See the Product Group Codes worksheet for details on product group codes.</p> |
|---|---|--|

| <b>Sample Size (Number of Units Tested)</b> | <b>Is the Certification for this Basic Model Based on a Waiver of DOE's Test Procedure Requirements?</b> | <b>Date of Test Procedure Waiver, if Applicable</b> | <b>Is the Certification based upon any Exception Relief from an Applicable Standard by DOE's Office of Hearing and Appeals?</b> |
|---|--|---|---|
|---|--|---|---|

| <b>Sample Size</b> | <b>Certification Based on Waiver?</b> | <b>Date of Waiver, if Applicable</b> | <b>Cert. Based on Exception Relief?</b> |
|--------------------|---------------------------------------|--------------------------------------|---|
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| Enter the sample size (number of units tested) in the cells below. If the answer to the AEDM question is yes, the entry should be 0, otherwise this should be an integer greater than zero. | <p>Answer whether the certification for the basic model was based on a waiver of DOE's test procedure requirements in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If you enter 'yes' under "Is the certification for this basic model based on a waiver of DOE's test procedure requirements?", enter the date of the waiver in the cells below. The entry should be in the M/D/YYYY format.</p> | <p>Answer whether the certification was based upon any exception relief from an applicable standard by DOE's Office of Hearing and Appeals below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> |
|---|---|---|--|



| Date of Exception Relief, if Applicable | Is Certification Based on the use of an Alternative Efficiency Determination Method (AEDM)? | Name of AEDM (If Applicable) | Does the Manufacturer Elect the Witness Test Option for Verification Testing? (If Applicable) |
|---|---|------------------------------|---|
|---|---|------------------------------|---|

| Date of Relief, if Applicable | Certification Based on an AEDM? | Name of AEDM, If Applicable | Witness Test Option? |
|-------------------------------|---------------------------------|-----------------------------|----------------------|
|-------------------------------|---------------------------------|-----------------------------|----------------------|

|   |   |   |   |
|---|---|---|---|
| <p>If you enter 'yes' under "Is the certification based upon any exception relief from an applicable standard by DOE's Office of Hearing and Appeals?", enter the date of the exception relief below. The entry should be in the M/D/YYYY format.</p> | <p>Answer whether the certification was based on the use of an Alternative Efficiency Determination Method in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If you enter 'yes' under "Is Certification Based on the use of an Alternative Efficiency Determination Method (AEDM)?", enter the name of the AEDM in the cells below.</p> | <p>For basic models rated w/ an AEDM, answer whether the manufacturer elects the witness test option for verification testing in the cells below (max. 10% of basic models)</p> <p>An affirmative answer can be 'yes' or 'y', a negative answer can be 'no' or 'n'.</p> |
|---|---|---|---|

|   |   |   |   |
|---|---|---|---|
| <b>Configuration of the Basic Model</b> | <b>Integrated Seasonal Moisture Removal Efficiency 2 (lb/kWh)</b> | <b>Rated Moisture Removal Capacity at Standard Rating Condition A according to Appendix B to Subpart F of Part 431 (lb/h)</b> | <b>Rated Supply Airflow Rate for 100% Outdoor Air Applications (cu.ft./min)</b> |
|---|---|---|---|

|                        |        |                           |                     |
|------------------------|--------|---------------------------|---------------------|
| Configuration of Model | ISMRE2 | Moisture Removal Capacity | Supply Airflow Rate |
|------------------------|--------|---------------------------|---------------------|

|   |  |   |   |
|---|--|---|---|
| Enter the Configuration of the Basic Model in the cells below. An entry can be either "single-package" or "split system". | <p>Enter the Integrated Seasonal Moisture Removal Efficiency 2 in lbs. of moisture per kilowatt-hour in the cells below.</p> <p>This should be a decimal number greater than zero.</p> | <p>Enter the Rated Moisture Removal Capacity at Standard Rating Condition A according to Appendix B to Subpart F of Part 431.</p> <p>This should be a decimal number greater than zero.</p> | <p>Enter the Rated Supply Airflow Rate for 100% Outdoor Air Applications in cubic feet per minute in the cells below.</p> <p>This should be a decimal number greater than zero.</p> |
|---|--|---|---|

| Complete the cells below only for Units with Ventilati |   |  |
|--|---|--|
| Integrated Seasonal Coefficient of Performance 2 (W/W) | For Units w/ VERS that were Rated Based on Testing, the Test Method Used to Determine ISMRE2 and IS COP2 (i.e., Option 1 or Option 2) | For Units w/ VERS, the method used to determine EATR, Sensible Effectiveness, and Latent Effectiveness of the VERS (i.e. Testing or Modeling Software) |

|                       |                                 |                                  |
|-----------------------|---------------------------------|----------------------------------|
| ISCOP2, if Applicable | Test Method Used, if Applicable | Method of Determination, if App. |
|-----------------------|---------------------------------|----------------------------------|

|   |   |   |
|---|---|---|
| <p>For Heat Pumps (Product Group Codes 3,4,7,8) only, enter the Integrated Seasonal Coefficient of Performance 2 in Watts of heating per Watts of power input in the cells below. For other DOAS systems, make no entry.</p> <p>This should be a decimal number &gt;0</p> | <p>For models w/ VERS rated based on testing (e.g. certification is not based on use of AEDM) only, enter Test Method Used in cells below. See 429.134(s) for additional info.</p> <p>If Option 1 used, entry must be "1". If Option 2 used, entry must be "2".</p> | <p>For models w/ VERS, enter the method used to determine EATR, Sensible Effectiveness, &amp; Latent Effectiveness of the VERS in the cells below.</p> <p>If these were determined via testing, enter "T". If these were determined using modeling software, enter "M".</p> |
|---|---|---|

| ion Energy Recovery Systems (VERS)   |  |  |
|--|--|--|
| Name and Version of the Software Used to Determine the EATR, Sensible Effectiveness, and Latent Effectiveness of the VERS, if Applicable | For Units w/ VERS, Motor Control Settings (Including Rotational Speed) for Energy Recovery Wheels, if Applicable | Supplemental Testing Instructions PDF Filename |

| Name and Version of Software | Motor Control Settings, if Appl. | Testing Instructions Filename |
|------------------------------|----------------------------------|-------------------------------|
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| For models w/ VERS that used modeling software to determine EATR, Sensible Effectiveness, and Latent Effectiveness of VERS only, enter the name and version of the certified performance modeling software in the cells below. | For models with VERS (PGCs 2,4,6,8) only, enter the Motor Control Settings (Including Rotational Speed) for Energy Recovery Wheels in the cells below. | <p>Enter name of PDF file containing the supplemental testing instructions. See 429.43(b) (4) for required contents.</p> <p>The first 7 characters of filename must be in form of "DOExxxx" where "xxxx" is four-digit numerical code assigned to the manufacturer</p> |
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The following is a description of each product group code:

| Product Group Code | Equipment Type   |
|--------------------|--|
| 1                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 2                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 3                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 4                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 5                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 6                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 7                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |
| 8                  | Dehumidifying Direct-Expansion Dedicated Outdoor Air Systems |

| Source                  | VERS  |
|-------------------------|---|
| Air-Cooled              | Without Ventilation Energy Recovery Systems |
| Air-Cooled              | With Ventilation Energy Recovery Systems    |
| Air-Source Heat Pumps   | Without Ventilation Energy Recovery Systems |
| Air-Source Heat Pumps   | With Ventilation Energy Recovery Systems    |
| Water-Cooled            | Without Ventilation Energy Recovery Systems |
| Water-Cooled            | With Ventilation Energy Recovery Systems    |
| Water-Source Heat Pumps | Without Ventilation Energy Recovery Systems |
| Water-Source Heat Pumps | With Ventilation Energy Recovery Systems    |