

Product Type: Residential Clothes Washers

[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 distributes.  
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 - Party Submitting This Report**

The party **submitting** this report is (select one only):

|   |  |
|---|--|
| <input type="radio"/> the Certifier (Certifier Information below)                                 |  |
| <input type="radio"/> a Third Party Representative (Third Party Representative Information below) |  |

**Third Party Representative Information**

|   |  |
|---|--|
| Full Legal Name of Third Party Representative |  |
| Full Legal Name of Company                    |  |
| 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 for products 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 instructions, searching existing data sources, gathering the data needed, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any 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) 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.

OMB Control Number: 3084-0069 (Expiration Date: April 30, 2027)

## Paperwork Reduction Act Statement

## OMB Burden Disclosure Statement

This data is being collected for manufacturers to report required information to the Federal Trade Commission. This information is for comparison shop for energy-efficiency household products.

Public reporting burden for this collection of information is estimated to average from 2 minutes per year per basic product or service, including reviewing instructions, searching existing data sources, gathering and maintaining 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 Docket Management, 600 Pennsylvania Avenue NW, Washington, DC 20580; and to the Office of Management and Budget (OMB), Paperwork Project Director, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget (OMB), Paperwork Project Director, 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 requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control

Submission of this data is required by the Federal Trade Commission; submission through CCMS is optional.

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  
Information (below)

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

Please enter  
required data

**Representative Contact Information, if Applicable**

Submitting Individual

Please enter  
required data

Submitting Company

Please enter  
required data

Submitting Address

Please enter  
required data

Submitting Phone Number

Please enter  
required data

Submitting Email Address

Please enter  
required data

Submitting Date (MM/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

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.

mation is shared with the public for the purpose of encouraging consumers

ct model to 15 hours per year per manufacturer, including the time for  
reviewing the collection of information. Send comments regarding this  
division of Enforcement, Bureau of Consumer Protection, Federal Trade  
IB), OIRA, New Executive Office Building, Docket Library Room 10102, 725

penalty for failure to comply with a collection of information subject to the  
number.

Residential Clothes Washers Appendix J - v5.x

|                 |   |   |   |
|-----------------|---|---|---|
| Column Headers: | Status  | Manufacturer                                    | Brand Names(s)                              |
| Pop-Up Headers  | Status  | Manufacturer                                    | Brand Names(s)                              |
| Pop-Up Contents | 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. | Enter the Manufacturer name in the cells below. | Enter the Brand Name(s) in the cells below. |

| Basic Model Number | Individual Model Covered by Basic Model | Action | Product Group Code |
|--------------------|---|--------|--------------------|
|--------------------|---|--------|--------------------|

|                    |                         |        |                    |
|--------------------|-------------------------|--------|--------------------|
| Basic Model Number | Individual Model Number | Action | Product Group Code |
|--------------------|-------------------------|--------|--------------------|

|   |   |  |   |
|---|---|--|---|
| <p>Enter the Basic Model Number in the cells below.</p> | <p>Enter the Individual Model Number covered by the Basic Model in the cells below.</p> | <p>Enter one of following in cells below:</p> <p>N new model<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 5 in the cells below.</p> <p>See the Product Group Code 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> |
|--------------------|---------------------------------------|--------------------------------------|---|
|--------------------|---------------------------------------|--------------------------------------|---|

|  |   |   |   |
|--|---|---|---|
| <p>Enter the sample size (number of units tested) in the cells below. This should be an integer greater than zero.</p> | <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 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> |
|--|---|---|---|

| <b>Date of Exception Relief, if Applicable</b> | <b>Energy Efficiency Ratio (pounds per kilowatt hour per cycle)</b> | <b>Clothes Container Capacity (cubic feet)</b> | <b>Water Efficiency Ratio (pounds per gallon per cycle)</b> |
|--|---|--|---|
|--|---|--|---|

| <b>Date of Relief, if Applicable</b> | <b>Energy Efficiency Ratio</b> | <b>Clothes Container Capacity</b> | <b>Water Efficiency Ratio</b> |
|--------------------------------------|--------------------------------|-----------------------------------|-------------------------------|
|--------------------------------------|--------------------------------|-----------------------------------|-------------------------------|

|  |  |  |  |
|--|--|--|--|
| <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 in the cells below. The entry should be in the M/D/YYYY format.</p> | <p>Enter the Energy Efficiency Ratio in pounds per kilowatt hour per cycle. This should be a decimal number greater than zero.</p> | <p>Enter the Clothes Container Capacity in cubic feet in the cells below. This should be a decimal number greater than zero.</p> | <p>Enter the Water Efficiency Ratio in pounds per gallon per cycle. This should be a decimal number greater than zero.</p> |
|--|--|--|--|



| Corrected Remaining<br>Moisture Content (%) | Type of Control System | Type of Loading | In the cells below, enter |
|---|------------------------|-----------------|---------------------------|
|   |                        |                 | Cold/Cold                 |

| Corr'd Remain'g<br>Moisture Content | Control System Type | Type of Loading | Cold/Cold |
|-------------------------------------|---------------------|-----------------|-----------|
|-------------------------------------|---------------------|-----------------|-----------|

|   |  |   |  |
|---|--|---|--|
| <p>Enter the Corrected Remaining Moisture Content expressed as a percentage in the cells below. This should be a percentage greater than 0 and less than or equal to 100.</p> | <p>Enter the type of control system (automatic or semi-automatic).</p> | <p>Enter the the type of loading ('top-loading' or 'front-loading') in the cells below.</p> | <p>If the Cold/Cold cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</p> |
|---|--|---|--|

the name of the Cycle and the Temperature Setting corresponding to each of the applicable cycle sele entry must be made in at least one of the columns.

| Warm/Cold #1  | Warm/Cold #2  | Warm/Warm #1  | Warm/Warm #2  |
|---|---|---|---|
| Warm/Cold #1  | Warm/Cold #2  | Warm/Warm #1  | Warm/Warm #2  |
| <div>If the Warm/Cold #1 cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</div> | <div>If the Warm/Cold #2 cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</div> | <div>If the Warm/Warm #1 cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</div> | <div>If the Warm/Warm #2 cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</div> |

|   |                       |                              |   |
|---|-----------------------|------------------------------|---|
| <p>actions used for the Energy Test. For each row, an</p> |                       | <p>Test Cloth Lot Number</p> | <p>Link to EnergyGuide Label Website (Enter link or, if submitting link later, enter 'By annual report date')</p> |
| <p>Hot/Cold</p>   | <p>Extra Hot/Cold</p> |                              |   |

|          |                |                       |                           |
|----------|----------------|-----------------------|---------------------------|
| Hot/Cold | Extra Hot/Cold | Test Cloth Lot Number | Link to EnergyGuide Label |
|----------|----------------|-----------------------|---------------------------|

|   |   |   |  |
|---|---|---|--|
| <p>If the Hot/Cold cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</p> | <p>If the Extra Hot/Cold cycle is used for the Energy Test, enter the name of the Cycle and the Temperature Setting in the cells below.</p> | <p>Enter the Test Cloth Lot Number used for certification testing in the cells below.</p> | <p>Per 16CFR305, enter URL for EnergyGuide label. May be URL for label, link to PDF download, or link to database with label. Entry must begin with http://, https://, ftp:// or sftp:// or if URL will be submitted later, enter 'By annual report date'.</p> |
|---|---|---|--|

The follow

| Product<br>Group<br>Code |   |
|--------------------------|---|
|                          | 1 |
|                          | 2 |
|                          | 3 |
|                          | 4 |
|                          | 5 |

ing is a description of each product group code:

**Product Group Code Description**

|   |
|---|
| Automatic, top-loading, ultra-compact (less that 1.6 ft3 capacity)    |
| Automatic, top-loading, standard-size (1.6 ft3 or greater capacity)   |
| Automatic, front-loading, compact (less than 3.0 ft3 capacity)        |
| Automatic, front-loading, standard-size (3.0 ft3 or greater capacity) |
| Semi-automatic clothes washers  |