



**ENERGY STAR® Participation Form
for Retailers of ENERGY STAR Eligible Products:**

Partner Name: _____

Date: _____

Organization Type:
(Hold Ctrl to select multiple)

Partner will promote the following ENERGY STAR products. Please select only those check boxes relevant for your organization. If your retail organization also owns a brand and intends to certify products as ENERGY STAR, please fill out the Product Brand Owner Participation Form found at www.energystar.gov/join.

Product Offerings

Residential Appliances

- ☐ Major Appliances
- ☐ Small Appliances

Commercial Food Service Equipment

- ☐ Commercial Food Service

Heating, Ventilation, and AC Products

- ☐ Ceiling Fans
- ☐ Heating and Cooling
- ☐ Thermostats
- ☐ Ventilation

Home and Building Envelope Products

- ☐ Insulation Products
- ☐ Residential Storm Windows
- ☐ Windows, Doors, and Skylights

Home Electronics

- ☐ Electronics

Lighting Products

- ☐ Decorative Light Strings
- ☐ Lighting

Office Equipment

- ☐ Computers
- ☐ Datacenter Products
- ☐ Office Equipment

Other Products

- ☐ Electrical Vehicle Supply Equipment
- ☐ Laboratory Grade Refrigerators and Freezers
- ☐ Pool Pumps
- ☐ Smart Home Energy Management Systems
- ☐ Water Coolers
- ☐ Vending Machines

Water Heaters

- ☐ Water Heaters

Primary Contact (if same as signatory contact, leave this blank)

Contact Name _____
Title _____
Company _____
Address _____
City _____
State _____
Zip _____
Country _____
Phone _____
Email _____

Role in Company (*Hold Ctrl to select multiple*)

Additional Contact 1 (optional)

Contact Name _____
Title _____
Company _____
Address _____
City _____
State _____
Zip _____
Country _____
Phone _____
Email _____

Role in Company (*Hold Ctrl to select multiple*)

Role in ENERGY STAR Program

Return completed Participation Form to:

join@energystar.gov or
ENERGY STAR
c/o ICF
2550 S. Clark St, Suite 1200
Floor Arlington, VA 22202

Additional Contact 2 (optional)

Contact Name	_____	Role in Company <i>(Hold Ctrl to select multiple)</i>
Title	_____	
Company	_____	
Address	_____	
City	_____	
State	_____	Role in ENERGY STAR Program
Zip	_____	
Country	_____	
Phone	_____	
Email	_____	

Additional Contact 3 (optional)

Contact Name	_____	Role in Company <i>(Hold Ctrl to select multiple)</i>
Title	_____	
Company	_____	
Address	_____	
City	_____	
State	_____	Role in ENERGY STAR Program
Zip	_____	
Country	_____	
Phone	_____	
Email	_____	

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The public reporting and recordkeeping burden for this collection of information is estimated to average 7.4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.