OMB Control No. 2060-0528 Approval expires: Pending Approval

Partner Response Form

Instructions

L. Yellow fields are required. If any are blank, EPA will reject your submittal. 2. If you do not include a representative signature at the bottom of this form, EPA will reject your submittal. 3. Select Option A or Option B below, and complete all of the corresponding sections.	
Option A, Submitting Product Control Measures: Complete Sections I, II, III, V, and VI. Check here if selecting Option A: Option B, Disputing the pending disqualification: Complete Sections I, II, IV,V, and VI. Check here if selecting Option B:	
1. Click on each field for additional instructions.	
Save your completed form as "Testing Failure_[Company Name]_[EPA Case Number]" and submit it to enforcement@energystar.gov. EPA will review your submittal, and notify you once the form is approved or if additional information is necessary.	

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0528). Responses to this collection of information are voluntary (Section103(g) of the Clean Air Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated 1.5 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 to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 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

Section I: Product and Shipping Information (Option A or B)			
Partner Name (company):		Date Last Manufactured:	
EPA Case Number (from EPA letter):		Date of Last Sales Shipment (labeled units):	
Original Equipment Manufacturer (OEM):		Recipient of Last Sales Shipment (labeled units):	
Test Failure Notification Date:		Destination of Last Sales Shipment (labeled units):	
Tested Unit's Brand Name:		Units Shipped in Last 6 months (labeled units):	
Model's ENERGY STAR Product Category:		Total Units Manufactured (labeled units):	
Disqualified Model Number (from EPA letter):		Is the model promoted by an energy efficiency program and/or utility? (If yes, provide name[s])	

Section II: Contact Information (Option A or B)

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		washington	, D.C. 20400		
Point of Contact at Your Company:			Original Equipment Manufacturer (OEM):		
Title:			OEM Contact:		
Email:			Title:		
Phone:			Email:		
Additional Contacts? Name (Email)			Phone:		
	Section III: Certific	cation of Product (Control Measures (F	PCM) (Option A)	
Only complete	this section if submitting		sures. If disputing the po		, proceed to
	ers in Sections I and V, th Note: If you seek to devia hanges.	ne company named ir	n the Partner Name fiel		
1) Inform your distribution chain that the model(s) is/are not ENERGY STAR certified: EPA requires that you notify all downstream parties to whom you directly sold the model(s) as ENERGY STAR certified in the last two years, including all distributors, online and in-store retailers, consumers, and other affected organizations (e.g., utilities), that the model(s) is/are no longer ENERGY STAR certified. Specifically, the following statement must be included in all communications: "This product failed verification testing and has been disqualified from ENERGY STAR." Use the table below to submit a list of these entities. If you need additional rows, submit with this form a supplementary document listing the additional organizations contacted. Enter "N/A" for any unused rows.					
with this form a supplem	nontary document noting the	•		•	
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	,	Organiza		•	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza	ation Name:	Organiza	ation Type:	Proposed or Actual	·
Organiza e.g., <i>Big</i>	ation Name:	Organiza e.g., Natio	ation Type:	Proposed or Actual e.g., 3/	·
CFL and ILL product retailers in provided contact(s longer ENERGY S	ation Name:	Organiza e.g., Nation tion chain you've list failure email to your s) as part of your dow ing the box at right, y	ation Type: onal Retailer ted above includes one organization, you mustream notice that the	Proposed or Actual e.g., 3/. or more of the tinclude the EPA-e model(s) is/are no	·
CFL and ILL product retailers ic provided contact(s longer ENERGY sapplicable contact	ducts only: If the distributed in EPA's testing so for that/those retailer(so STAR certified. By checking the solution of the	Organiza e.g., Nation tion chain you've list failure email to your s) as part of your dow ing the box at right, y	ation Type: onal Retailer ted above includes one organization, you mustream notice that the	Proposed or Actual e.g., 3/. or more of the tinclude the EPA-e model(s) is/are no	

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	Applicable?	Completion Date:	Number of Units:
b) Unit Packaging: (within your control)	· ·		
		Proposed or Actual	
	Applicable?	Completion Date:	URL of Modified Website:
c) Website References to Model(s):			
	Applicable?	Proposed or Actual Completion Date:	Example of Modified Marketing Material:
d) Marketing Materials: (e.g., spec sheets)			
Section	n IV: Dispute Dis	qualification (Option	B)
Complete the	his section if disputin	g the pending disqualifi	cation.
If you wish to dispute the test results, you must of all dispute information submitted by the date maintain the product(s) as certified. Please not EPA to consider that information. All comment above, and additional attachments may be inconference call with EPA to discuss the testing. Check here if you would like to schedule a conference call with EPA to discuss the testing.	e specified in the testet that all bases for the should be included by the submitted with that submitted and basis for the submitted and basis	ting failure letter you redisputes must be raised in the dispute section nittal. All partners submortesting dispute.	eceived, and determine whether to d within the comment period in order for n of the partner response form linked nitting a dispute may request a
Basis of Dispute:			
EPA Determination: (For EPA use only)			

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Section V, Part 1: Additional Model Numbers (Option A or B)

If submitting for windows, doors, and skylights products, proceed directly to Section V, Part 2

Use this section for affected family models. Fill out a new form for any models requiring different actions or estimated completion dates from those entered in Section III.

Additional Model #:	Units Shipped in Last 6 Months:	Date of Last Sales Shipment:
Additional Model #:	Units Shipped in Last 6 Months:	Date of Last Sales Shipment:
Additional Model #:	Units Shipped in Last 6 Months:	Date of Last Sales Shipment:
Additional Model #:	Units Shipped in Last 6 Months:	Date of Last Sales Shipment:

Section V, Part 2: Affected Product Options (Option A or B)

Complete this section only if submitting for windows, doors, and skylights products

Use this section to identify all affected product options within the product line of the model number entered in Section I.

Identify affected product options of failed model(s)

List the National Fenestration Rating Council (NFRC) Certified Products Directory (CPD) number for any product options qualified on the same basis as the product that failed testing. For example, affected product options may be grouped with or otherwise share components or other product features with the product that failed testing, and as a result of the issue(s) identified during verification testing, the affected product options would also fail to meet the ENERGY STAR requirements. Any affected product options you elect to identify below will need to be reviewed and confirmed by NFRC prior to EPA review of your submittal. Please include with your response a written confirmation letter from an NFRC representative.

If you need additional rows, submit with this form a supplementary document listing the additional affected product options. Enter "N/A" for any unused rows. If no additional product options are affected by this failure, provide an explanation in Section VI.

Product Line Number:	CPD # of Affected Product Option:	Explanation: (optional)

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Section VI (optional): Additional Comments (Option A or B)			
Use this section to provide EPA with relevant information not included elsewhere in this form.			
Representative Signature			
As a representative of this company, I hereby certify on its behalf as to the actions taken or to be taken by it, as described above. Failure to implement these actions as indicated, or to inaccurately certify as completed, may result in partnership suspension or			
termination, or the loss of other ENERGY STAR program benefits. I understand that intentionally submitting false information to			
the U.S. government is a criminal violation of the False Statements Act, Title 18 U.S.C. section 1001.			
	Name (First & Last)	Date	I agree to the above statement

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