

Product Type: Medium-Voltage, Dry-Type Distribution Transformers Based on kVA Grouping

Version 4.3

Status of This Certification Sheet **No Data**

Overall Status of Template **No Data**

Submitter Information

I am a(n) (check one only):

- Domestic Manufacturer
- Importer
- Third-Party Representative

Please enter required data

The third-party representative includes industry organizations submitting on behalf of their members, foreign manufacturers who do not import and are submitting on behalf of their importers, private labelers submitting on behalf of an importer or domestic manufacturers, third-party testing organizations submitting on behalf of a manufacturer, etc.

Submitter Information (Required for all submissions):

| | | |
|--|--|----------------------------|
| Company Name: | | Please enter required data |
| Company Address: | | Please enter required data |
| Contact Name: | | Please enter required data |
| Contact Telephone Number: | | Please enter required data |
| Contact Fax Number: | | Please enter required data |
| Contact email address: | | Please enter required data |
| For importers, the U.S. Customs and Border Protection importer identification number (OPTIONAL): | | |

Third Party-Representatives (If Submitter is not a Third-Party Representative, skip to Certification)

If the submitter is a third-party representative, provide the following information on each company on whose behalf you are certifying. **Note: Please complete an additional template if you are certifying on behalf of more than five companies.**

If you are a Third-Party Representative, for how many companies on whose behalf are you certifying? (Maximum of 5)

1. Company Name:

Company Address:

Responsible Person at Company:

Telephone Number:

Fax Number:

Email Address:

Select all that apply (at least one):

Domestic Manufacturer

Importer - OPTIONAL: Provide U.S. Customs and Border Protection identification number below

Private Labeler - Provide all of the brand name(s) below

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL):

For Private Labeler - Provide all of the brand name(s):

2. Company Name:

Company Address: _____
Responsible Person at Company: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Select all that apply
(at least one):

Domestic Manufacturer

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL): Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below
 Private Labeler - Provide all of the brand name(s) below

For Private Labeler - Provide all of the brand name(s): _____

3.

Company Name: _____
Company Address: _____
Responsible Person at Company: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Select all that apply
(at least one):

Domestic Manufacturer

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL): Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below
 Private Labeler - Provide all of the brand name(s) below

For Private Labeler - Provide all of the brand name(s): _____

4.

Company Name: _____
Company Address: _____
Responsible Person at Company: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Select all that apply
(at least one):

Domestic Manufacturer

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL): Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below
 Private Labeler - Provide all of the brand name(s) below

For Private Labeler - Provide all of the brand name(s): _____

5. **Company Name:** _____

Company Address:

Responsible Person at Company:

Telephone Number:

Fax Number:

Email Address:

Select all that apply (at least one):

For Importer - U.S. Customs and Border Protection importer identification number (OPTIONAL): Domestic Manufacturer Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below

For Private Labeler - Provide all of the brand name(s): Private Labeler - Provide all of the brand name(s) below

Certification

Compliance Statement

SELECT SUBMITTER TYPE AT THE TOP OF THIS WORKSHEET

| | | |
|---|----------------------|----------------------------|
| Type your full name to signify compliance (required): | <input type="text"/> | Please enter required data |
| Enter your email address (required): | <input type="text"/> | Please enter required data |
| Date (MM/DD/YYYY) (required): | <input type="text"/> | Please enter required data |

OMB Control Number: 1910-1400

Paperwork Reduction Act Statement

OMB Burden Disclosure Statement

This data is being collected for manufacturers to certify compliance to DOE's energy conservation, water conservation, or design standards. The data you supply will be used by the Department to monitor compliance with the energy conservation, water conservation, and design standards and testing requirements for the consumer products and commercial and industrial equipment mandated by the Energy Policy and Conservation Act, as amended.

Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for 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 Office of the Chief Information Officer, Records Management Division, IM-23, Paperwork Reduction Project (1910-1400), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-1400), Washington, DC 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 a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is mandatory.

Status of This Input Sheet: **No Data**

Overall Status of Template: **No Data**

Certification Report

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 right of the Status column.
 Reports submitted with errors cannot be processed and will be returned for resubmission.

| Line No. | Status | Manu-facturer | For Third-Party Representatives, Company Number From Certification Sheet | Brand Name(s) | Least Efficient Model Number in kVA Grouping | Most Efficient Model Number in kVA Grouping | Action | Product Class | 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 | Is Certification based on an Alternate Way of Determining Measures of Energy Conservation? | kVA Rating | Is the Insulation Type "Medium-Voltage Dry-Type"? | Number of Phases | Basic Impulse Insulation Level (BIL) Group Rating (kVA) | Represented Efficiency of Least Efficient Model in kVA Grouping (%) | Represented Efficiency of Most Efficient Model in kVA Grouping (%) |
|----------|--------|---------------|--|---------------|--|---|--------|---------------|--------------------------------------|---|--|--|---|--|------------|---|------------------|---|---|--|
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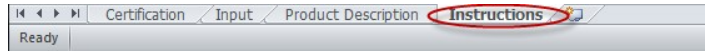
| Line No. | Status | Manufacturer | For Third-Party Representatives, Company Number From Certification Sheet | Brand Name(s) | Least Efficient Model Number in KVA Grouping | Most Efficient Model Number in KVA Grouping | Action | Product Class | Sample Size (Number of Units Tested) | Is the Certification 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 | Is Certification based on an Alternate Way of Determining Measures of Energy Conservation? | KVA Rating | Is the Insulation Type "Medium Voltage Dry-Type"? | Number of Phases | Basic Impulse Insulation Level (BIL) Group Rating (KVA) | Represented Efficiency of Least Efficient Model in KVA Grouping (%) | Represented Efficiency of Most Efficient Model in KVA Grouping (%) |
|----------|--------|--------------|--|---------------|--|---|--------|---------------|--------------------------------------|---|--|--|---|--|------------|---|------------------|---|---|--|
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The following is a description of each product class:

| Product Class | Product Class Description |
|----------------------|--|
| 1 | Medium-Voltage, Dry-Type Distribution Transformers Based on kVA Grouping |

Instructions for CCMS Reporting Certification & Templates

You are currently on the Instructions sheet. Please refer to these instructions when completing the Certification and Input sheets.

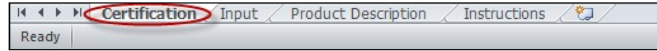


Use your mouse, the "Tab" key and/or arrows on your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields have been completed correctly, the "Status" indicators on the top of the Certification sheet and the top of the Input sheet will show "OK" in green.

- If these indicators read "Error" in red on the Certification sheet, look for an explanation in the column to the right of the entry field.
- If these indicators read "Error" in red on the Input sheet, look for explanations about incomplete/incorrect field entries by looking in the mirrored cells to the far right of the sheet.

Please go to <https://www.regulations.doe.gov/contact-us> if you have any questions about the regulations or need help with the template.

Please click on the tab for the Certification Sheet at the bottom of the page:



CERTIFICATION INSTRUCTIONS

Step 1 Enter the Submitter Information - required for all submissions.

Submitter Information

I am a(n) (check one only):

Domestic Manufacturer
 Importer
 Third-Party Representative

Submitter Information (Required for all submissions):

| | |
|--|---|
| Company Name: | <input style="width: 100%;" type="text"/> |
| Company Address: | <input style="width: 100%;" type="text"/> |
| Contact Name: | <input style="width: 100%;" type="text"/> |
| Contact Telephone Number: | <input style="width: 100%;" type="text"/> |
| Contact Fax Number: | <input style="width: 100%;" type="text"/> |
| Contact email Address: | <input style="width: 100%;" type="text"/> |
| For importers, the U.S. Customs and Border Protection importer identification number (OPTIONAL): | <input style="width: 100%;" type="text"/> |

If you are not a Third-Party Representative, skip to the Compliance Statement (Step 3)

Step 2 Enter the Third Party Representative Information

- Third Party Representatives should enter data on the companies for which they are reporting.
 - Enter the number of companies for which you are reporting on this copy of the template in the box on the Certification sheet similar to the one shown below.
 - **On each copy of the template, you may report for no more than five companies.**
 - **If you need to report for more than five companies, complete as many separate copies of the template as are necessary.**

If you are a Third-Party Representative, for how many companies on whose behalf are you certifying? (Maximum of 5)

- For each of the Companies that you are reporting on in this template, you will need to fill out a full section as shown below.

1.

| | |
|---|--|
| Company Name: | <input style="width: 100%;" type="text"/> |
| Company Address: | <input style="width: 100%;" type="text"/> |
| Responsible Person at Company: | <input style="width: 100%;" type="text"/> |
| Telephone Number: | <input style="width: 100%;" type="text"/> |
| Fax Number: | <input style="width: 100%;" type="text"/> |
| Email Address: | <input style="width: 100%;" type="text"/> |
| Select all that apply (at least one): | <input type="checkbox"/> Domestic Manufacturer <input type="checkbox"/> Importer - OPTIONAL: Provide U.S. Customs and Border Protection importer identification number below <input type="checkbox"/> Private Labeler - Provide all of the brand name(s) below |
| For Importer - U.S. Customer and Border Protection importer identification number (OPTIONAL): | <input style="width: 100%;" type="text"/> |
| For Private Labeler - Provide all of the brand name(s): | <input style="width: 100%;" type="text"/> |

