

Product Type: **Automatic Commercial Ice Makers**

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)

[Empty input box for number of companies]

1. Company Name: [Input Box]
 Company Address: [Input Box]
 Responsible Person at Company: [Input Box]
 Telephone Number: [Input Box]
 Fax Number: [Input Box]
 Email Address: [Input Box]

Select all that apply

(at least one):

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

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

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

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

[Input Box for brand name(s)]

2. Company Name: [Input Box]
 Company Address: [Input Box]

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: _____

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)	Basic Model Number	Individual Model Number Covered by Basic Model	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	Maximum Energy Use (kWh/100 lbs Ice)	Maximum Condenser Water Use, if Applicable (gal/100 lbs Ice)	Harvest Rate (lbs Ice/24 hours)	Type of Cooling	Equipment Type
1																		
2																		
3																		
4																		
5																		
6																		
7																		
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9																		
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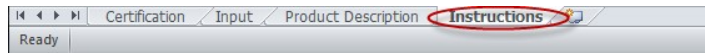
Line No.	Status	Manu-facturer	For Third-Party Representatives, Company Number From Certification Sheet	Brand Name(s)	Basic Model Number	Individual Model Number Covered by Basic Model	Action	Product Class	Sample Size (Number of Units Tested)	Is the Certification for this Basic Model Based on a Waiver 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 Heating and Appeals?	Date of Exception Relief, if Applicable	Maximum Energy Use (kWh/100 lbs ice)	Maximum Condenser Water Use, if Applicable (gal/100 lbs ice)	Harvest Rate (lbs ice/24 hours)	Type of Cooling	Equipment Type
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75																		
76																		
77																		
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The following is a description of each product class:

Product Class	Equipment Type	Type of Cooling	Harvest Rate (lbs ice/24 hours)
1	Ice Making Head	Water	<500
2	Ice Making Head	Water	>= 500 and <1436
3	Ice Making Head	Water	>=1436
4	Ice Making Head	Air	<450
5	Ice Making Head	Air	>=450
6	Remote Condensing (but not Remote Compressor)	Air	<1000
7	Remote Condensing (but not Remote Compressor)	Air	>=1000
8	Remote Condensing and Remote Compressor	Air	<934
9	Remote Condensing and Remote Compressor	Air	>=934
10	Self-Contained	Water	<200
11	Self-Contained	Water	>=200
12	Self-Contained	Air	<175
13	Self-Contained	Air	>=175

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.

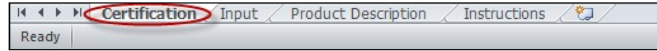


Use your mouse, the "Tab" key and/or arrows on your keyboard to navigate through the fillable fields in both the Certification and Input sheets. If all fields have been completed correctly, the "Status" indicators on the top of the Certification sheet and the top of the Input sheet will show "OK" in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

<input type="radio"/> Domestic Manufacturer
<input type="radio"/> Importer
<input type="radio"/> Third-Party Representative

Submitter Information (Required for all submissions):

Company Name:	
Company Address:	
Contact Name:	
Contact Telephone Number:	
Contact Fax Number:	
Contact email Address:	
For importers, the U.S. Customs and Border Protection importer identification number (OPTIONAL):	

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)

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- 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:	
Company Address:	
Responsible Person at Company:	
Telephone Number:	
Fax Number:	
Email Address:	
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):	
For Private Labeler - Provide all of the brand name(s):	

