

INDOOR

ENERGY STAR[®] Qualified Product Information Form For Indoor Residential Light Fixtures



ENERGY STAR[®] Qualified Product Information Form for Use by ENERGY STAR Labeled Residential Light Fixture Partners (Companies who have joined ENERGY STAR for Residential Light Fixtures by signing a Partnership Agreement).

You may use this form to report those products that are sold under your company's brand name. If your firm sells models (fixtures) under a brand name different from your company name, you must list the brand name and the associated retailer/organization. Information from this form indicated with an asterisk will be added to the list of ENERGY STAR qualified residential light fixtures. Please copy this form and return one for each lamp/ballast combination to the address below.

MANUFACTURER (ENERGY STAR Partner): _____

SECTION I -- LAMP & BALLAST INFORMATION:

*Number of Lamps/ Fixture	Number of Ballasts/ Fixture	*Individual Listed Lamp Wattage	*Lamp Type ¹	*Lamp Size ²	*Ballast Type (circle one)	Lamp (e.g., lightbulb) Manufacturer & Model Number	Ballast Manufacturer & Model Number
					Electronic Magnetic		
ENERGY STAR should review this submittal as a (circle one):					Lamp &/or Ballast Platform ³	Complete Fixture	Both

1. Lamp Type: For example, CFL = Compact Fluorescent, CR = Circline, L = Linear
2. Lamp Size: For example, T4, T5, or T8.
3. A lamp and ballast platform does not receive the ENERGY STAR label and cannot be promoted as an ENERGY STAR approved product. Rather, you may promote the "qualified" lamp, ballast, or lamp/ballast platform as a component that meets applicable ENERGY STAR Program Requirements and is used in ENERGY STAR labeled residential light fixtures.

SECTION II -- TEST RESULTS: (Complete using average of three or more samples)

Performance Characteristic	Test Result	Required Documentation (attach to this form)
Efficacy	_____ Total Lumen Output	Test report from a lab accredited by NVLAP or other EPA approved documentation?
	_____ *Input Power (watts)	Test report from a lab accredited by NVLAP or other EPA approved documentation?
	_____ Lumens Per Watt	Test report from a lab accredited by NVLAP or other EPA approved documentation?
Lamp Start Time	_____ Milliseconds	Test report from a lab accredited by NVLAP, one of its MRA Signatories, or a lab accredited by an OSHA NRTL or other EPA approved documentation?
*Lamp Color Rendering	_____ CRI	Test report from a lab accredited by NVLAP or other EPA approved documentation?
*Lamp Correlated Color Temp.	_____ Kelvin	Test report from a lab accredited by NVLAP or other EPA approved documentation?
Noise	_____ dBA	Manufacturer or laboratory data?
Fixture Warranty	Yes No	2-Year Written Fixture Warranty?
Safety – Portable Fixtures	Listed for Safety? Yes No N/A	Cover page of a safety test report or a general coverage statement included?
Safety – Hardwired Fixtures	Listed for Safety? Yes No N/A	Cover page of a safety test report or a general coverage statement included?
Safety – Ballasts and "Fluorescent Adapters"	Listed for Safety? Yes No N/A	Cover page of a safety test report or a general coverage statement included?
Power Factor	_____	Manufacturer or laboratory data?
Lamp Current Crest Factor	_____	Test report from a lab accredited by NVLAP, one of its MRA Signatories, or a lab accredited by an OSHA NRTL or other EPA approved documentation?
Maximum Case Temp.	_____ degrees Celsius	Manufacturer or laboratory data?
Ballast Frequency (Required for all electronic ballasts)	_____ kHz OR N/A	Manufacturer or laboratory data?
Transient Protection (Required for all electronic ballasts)	Pass Fail N/A	Manufacturer or laboratory data?
End of Life Protection (Required for electronic ballasts with lamps sized T5 & smaller)	Yes No N/A	Manufacturer data or laboratory engineering description outlining the scheme that is used to achieve end of life function within the ballast?

SECTION III -- FIXTURE MODELS WITH SAME LAMP/BALLAST COMBINATION:

*Model Number ¹	*Brand Name	*Fixture Type ²	Does the lamp ship with fixture?	*Fixture Description ³	* Intended Use (circle all that apply)
			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
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			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom
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			Y N		Living Room Kitchen Utility Room Bath Hallway Bedroom

- List all fixture models that will use this lamp/ballast combination. Only one set of test results is required per lamp/ballast combination.
- Fixture Type: AR = Architectural, CM = Ceiling Mounted, FC = Furniture/Cabinet Integrated, RE = Recessed, WM = Wall Mounted, SU = Suspended, PT = Portable
- E.g. "This ceiling fixture features an antique brass finish coupled with a glass dome that has a subtle swirl pattern throughout the glass." Use additional sheets as necessary and/or send electronic descriptions with submittal.

SECTION IV -- MARKETING REQUIREMENTS:

Upon approval of this product, the Partner will take steps to ensure that the ENERGY STAR label will appear (check all that apply):

On product packaging (required) **In product literature (required)** **On Internet site (required)**

Following ENERGY STAR acceptance of a product, partner has 90 days to fulfill the labeling requirements. ENERGY STAR reserves the right to remove a non-compliant product from the Web site after 90 days. Explain briefly in writing how you plan to implement the above listed labeling requirements within the timeline (use additional pages if necessary):

SECTION V -- SUBMITAL PROCEDURE:

- Fill out entire ENERGY STAR for Residential Light Fixture Qualified Product Information Form.
- Fill out one form for each lamp/ballast combination.
- For multiple fixture models using same lamp/ballast combination list those fixture models in Section III.
- Attach ALL required testing and verification documentation.
- Sign and date Section VI below.
- Keep a copy of this form and attached documentation for your records.
- Mail this form and attached documentation to:
 - ICF Consulting
 - C/O Milanga Abey Suriya
 - 1850 K Street NW, Suite 1000
 - Washington DC 20006

SECTION VI -- VERIFICATION: (To be signed by senior representative of the fixture manufacturer)

I declare that the above information is accurate and true to the best of my knowledge. I understand that if any of the above information is found to be inaccurate by ENERGY STAR or any of ENERGY STAR's contractors that the above products will be removed from the ENERGY STAR qualified product list, and that EPA may terminate the ENERGY STAR agreement between EPA and the responsible manufacturer.

Printed Name: _____ **Manufacturer Signature:** _____

Date: _____ **Contact Number:** _____

* These items will be listed on the ENERGY STAR Web site: <http://yosemite1.epa.gov/estar/consumers.nsf/content/homelighting.htm>