

**QUALIFIED PRODUCT FORM
FOR
PRINTER, FAX, PRINTER/FAX, & MAILING MACHINES**



**ENERGY STAR® Product Information Form for Use by ENERGY STAR Labeled Printer/Fax Partners
(Companies who have joined ENERGY STAR for Printer/Fax by signing the Memorandum of Understanding)**

You may use this form to report only those products that are sold under your company's brand name. If your firm sells its models to another company that uses its own brand name, that company must join the program and report its own products. Information from this form will be added to the list of ENERGY STAR qualified printer/fax products. Please copy this form and return one for each product category to the address below.

Company Name: _____
(As listed in MOU)

Product Contact Information
(For public requesting product information)

Tel: _____ **Fax:** _____

E-mail: _____

Note: Please provide the following information on the configuration of the tested model ONLY.

Brand	Model	Print Speed	Units	DPI	RAM	Post-script	Date Product First Shipped

Fax Speed (bps)	Modem Speed (bps)	Watts In Sleep	Network Connectivity		
			Standard	Optional	Types of connectivity

- Which of the following best describes this product (choose only one):
Stand Alone Printer _____ Printer/Fax Combo _____ Stand Alone Fax Machine _____ Mailing Machine _____
- Does this model meet all of the requirements of the ENERGY STAR® Printer/Fax Agreement — Version 2.1? (Effective until 31 October 2000) Yes _____ No _____
- Does this model meet all of the requirements of the ENERGY STAR® Printer/Fax Agreement — Version 3.0? Yes _____ No _____
- For Agreement — Version 3.0, does the product qualify under Tier 1 ___ Tier2 ___ NA ___

Note applicable characteristics for tested configuration: (Add description where necessary on another page.)

PCL 4		# Fonts Included		Mac Compatible	
PCL 5		# Parallel Ports		# Serial Ports	

Tested By: (Name of Firm or Self Tested) _____

Please select all that apply:

1. FOR PRINTERS, PRINTER/FAX MACHINES, FAX MACHINES, AND MAILING MACHINES

- | | |
|------------------------|----------------------------|
| _____ Monochrome | _____ Color |
| _____ Standard | _____ Wide Format |
| _____ Laser | _____ A3 Impact |
| _____ Ink Jet | _____ LED |
| _____ Thermal Transfer | _____ Dot Matrix |
| _____ Dot Matrix | _____ Other, Specify _____ |

1a. Does this product have duplexing capabilities?
Yes_____ No_____ Optional Accessory_____

2. FOR FAX MACHINES:

Does this product have a PC interface (i.e., can a fax be sent via this product through a computer)?
Yes_____ No_____ Optional_____

3. If this model is listed with the US General Services Administration, please include its schedule number and special item number _____

4. Please list or describe any additional features below.
