Do Not Modify this Document

ENERGY STAR® Compact Fluorescent Light Bulb QUALIFICATION FORM: FULL QUALIFICATION

Please submit a completed copy of this form with each model to be reviewed for ENERGY STAR Full Qualification. Submit completed forms by mail to your ENERGY STAR Account Manger at D&R International, Ltd., 1300 Spring Street, Suite 500, Silver Spring, Maryland 20910.
*For a copy of the ENERGY STAR CFL Criteria-version 3.0, visit: **http://www.energystar.gov/index.cfm?c=cfls.pr_cfls***

PART 1: To be completed by the manufacturer of medium based screw-in bulb with integral ballast.

Company _____

Contact _____ **Title** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Country _____ **Phone Number** _____

Fax Number _____ **E-mail Address** _____

Web Site

Please complete the entire form and submit a packaging graphic. Incomplete forms will slow the qualification process. The description below will appear at www.energystar.gov on the CFL Products web page.

Brand		**Model Number**	
Wattage (watts)		**Light Output** (lumens)	
Bulb Life (hours)		**Warranty** (years)	
Product Use *(check one)*	❑ Residential	❑ Commercial	❑ Both
Color Temperature	_____° Kelvin *(Temperatures outside 2700-3000K, must be specified on packaging)*		
Model Type/Design (*check or circle one*)	❑ Bare- 2-D ❑ Bare- mini-spiral ❑ Bare- spiral ❑ Bare- circline ❑ Bare- twin tube ❑ Bare- triple tube ❑ Bare- quadruple tube	❑ Covered- globe ❑ Covered- A-line (incandescent shape) ❑ Covered- reflector ❑ Covered- bullet ❑ Covered- candle ❑ Other:	
Special Features/Uses *(check or circle all that apply)*	❑ Dimmable CFL ❑ 3-Way Lighting ❑ Bug Light ❑ Table lamp use *(basic use)* ❑ Decorative/Vanity Use ❑ Ceiling Fan Use	❑ Hanging Pendant Use ❑ Recessed Can Fixture Use ❑ Indoor Fixture Use ❑ Outdoor Fixture Use ❑ Outdoor Flood Light Use ❑ Other:	
Where will this product be sold? *(check one)*	❑ U.S. ❑ Canada ❑ Both U.S. and Canada		
Package/Retail Product Number(s) *Please specify additional packaging formats: i.e., product number and packaging type, ex. 2 – blister*	No.: _____ Package: _____ No.: _____ Package: _____	No.: _____ Package: _____ No.: _____ Package: _____	

Signature _____ _____
Manufacturer Contact Date

PART 2: To be completed and signed by a NVLAP-certified testing facility. For a list of accredited facilities, visit the National Institute for Standards and Technology (NIST) site at http://ts.nist.gov/ts/htdocs/210/214/214.htm. Please attach all supporting data reports.

Manufacturer		**Model Number**	
Report Date		**Report Number**	
NVLAP-Certified Testing Facility			

Lamp efficacy (*please enter data in corresponding area)*	**CRITERIA** Must meet or exceed minimum listed lumens per watt	**AVG. BASE-UP** Five samples *(required)*	**AVG. BASE-DOWN** *(unless product is labeled in a restricted position)* Five samples (required)
Bare	< 15 watts = **45.0**		
	≥ 15 watts = **60.0**		
Covered *(no reflector)*	≤ 15 watts = **40.0**		
	15 ≥ lamp power < 19 watts = **48.0**		
	19 ≥ lamp power < 25 = **50.0**		
	Lamp power ≥ 25 watts = **55.0**		
Reflector	Lamp power < 20 = **33.0**		
	Lamp power ≥ 20 watts = **40.0**		
	CRITERIA	**AVG. BASE-UP**	**AVG. BASE-DOWN**
Starting Time	≤ 1.00 second (to the mSec)		
Color Quality	CRI ≥ 80.0		
Run-up Time (seconds)	≤ 3.0 minutes		
Correlated Color Temperature (Kelvin)	Between 2700K and 3000K – if not, packaging should clearly state temperature and color of product (cool or warm)		
Power Factor	≥ 0.50		
Operating Frequency	≥ 40.0 kHz		
Transient Protection	7 strikes		
100-hour Lumen Maintenance (lumens)	Baseline measurement to use for calculating lumen maintenance		
Lumen Maintenance *(10 units, 5 base-up, 5 base-down, unless product is labeled in restricted position)*	At 40% of rated life, must be 80% of initial (100-hour) rating	Date Test Began: _____ **Lumens Measured:** _____ **Percentage:**	
Average Rated Life Test *(10 units, 5 base-up, 5 base-down, unless product is labeled in restricted position)*	≥ 6,000 hours as declared by the manufacturer on packaging	Date Test Began: _____ **# of Models that met Rated Life:** _____ **# of Models that did not meet Rated Life:** _____	
Signature			

NVLAP Laboratory Technician

Date