



ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS

COMPUTERS

AUSTRALIA

Per Greenhouse and Energy Minimum Standards (Computers) Determination 2013

February 2022

This form is designed for applicants' internal use only, not for submitting applications to the Australian or New Zealand Regulator.

All applications for product registration must be submitted to the appropriate Regulator via the Energy Rating Product Registration System located at <https://reg.energyrating.gov.au>.

The Regulators cannot accept any applications in hard copy.

Note that this form may be updated from time to time to reflect changes to the Registration System and it is the applicant's responsibility to ensure they are using the latest version.

Any question with a red asterisk (*) next to it is mandatory.

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VERSION CONTROL

Revision Date	Version	Summary of Changes
31 January 2022	1.2	“Exemption” fields added. Accessibility improved. Branding updated.
3 February 2020	1.1	Removed DoEE logo for MoG changes – no change to content.
23 March 2017	1.0	Document finalised.
28 February 2017	0.1	Initial document created.

MODELS AND MANUFACTURER

Product Model Information

Fill in one of the two boxes below, depending on if the product being registered is a single model or a family of models.

FOR SINGLE MODELS

Model Number:* _____ Brand:* _____

FOR FAMILY OF MODELS

What is the family name of the models covered by this application?*

Please provide details for each model covered by this registration, if it is a family of models:

Note: There is a limit of 10 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Computers) Determination 2013.

<u>#1</u> Model Number:* _____ Brand:* _____	<u>#2</u> Model Number:* _____ Brand:* _____
<u>#3</u> Model Number:* _____ Brand:* _____	<u>#4</u> Model Number:* _____ Brand:* _____
<u>#5</u> Model Number:* _____ Brand:* _____	<u>#6</u> Model Number:* _____ Brand:* _____
<u>#7</u> Model Number:* _____ Brand:* _____	<u>#8</u> Model Number:* _____ Brand:* _____
<u>#9</u> Model Number:* _____ Brand:* _____	<u>#10</u> Model Number:* _____ Brand:* _____

Manufacturing Information

Tick if the product is manufactured in-house

Please provide the following information on the manufacturer if the product is not manufactured in-house. Additional fields are included if there are more than one manufacturer for this product.

Manufacturer Name:* _____

Manufacturer ABN or Company Number:* _____

Name of Contact Person:* _____

Company Phone:* _____ Company Fax: _____

Company Email:* _____ Company Website: _____

Street Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

Is the postal address the same as the street address?*

Yes
 No

If you have ticked No, please complete the postal address fields below:

Postal Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

Second Manufacturer

If applicable, who is the second manufacturer?

Manufacturer Name:* _____

Manufacturer ABN or Company Number:* _____

Name of Contact Person:* _____

Company Phone:* _____ Company Fax: _____

Company Email:* _____ Company Website: _____

Street Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

OFFICIAL: SENSITIVE

Is the postal address the same as the street address?*

Yes
 No

If you have ticked No, please complete the postal address fields below:

Postal Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

Third Manufacturer

If applicable, who is the third manufacturer?

Manufacturer Name:* _____

Manufacturer ABN or Company Number:* _____

Name of Contact Person:* _____

Company Phone:* _____ Company Fax: _____

Company Email:* _____ Company Website: _____

Street Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

Is the postal address the same as the street address?*

Yes
 No

If you have ticked No, please complete the postal address fields below:

Postal Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

In what country/countries is this product manufactured?*

OFFICIAL: SENSITIVE

How can the date of manufacture be determined from permanent markings on the appliance?* - Please tick accordingly and if required, provide further information

From a date permanently marked on the rating plate in a non-encrypted format

Provide an example of the date format:

From a date permanently marked on the rating plate in an encrypted format

Describe how the date of manufacture can be determined from the markings on the appliance:

From another form of permanent marking on the product

Describe how the date of manufacture can be determined from the markings on the appliance:

No date mark

Sale Information

In what country/countries will this product be sold?* (please tick one or both, if required)

- Australia
- New Zealand

When will this product be (or when was this product) first available for purchase?* (please specify exact date)

LABS & TEST REPORTS

Is a test report provided?*

Yes – a test report is provided (please ensure test report is provided with this form)

If you ticked yes, please answer the questions below:

What test standard was used?*(please tick one)

AS/NZS 5813.1:2012

Which laboratory performed the testing?* - please provide name of laboratory, type of lab (independent or own lab), and street and/or postal address.

Please provide details for each test report, if multiple test reports are provided.

Test Report Number:* _____

Report Signatory:* _____

Test Date:* _____

Test Unit Serial Number:* _____

No - no test report provided

Comments regarding the product, the test procedure or test results that should be taken into account when assessing the product for compliance:

EXEMPTION

Has an exemption from MEPS performance for this model been granted by the GEMS Regulator? (please tick one) Yes No

If you ticked yes, please answer the question below:

Did your exemption approval letter exempt your registration from payment? (please tick one) Yes No

*Please attach the approval letter to this form so it can be uploaded into the system.**

COMPUTER DETAILS

Computer type:* (please tick one)

- Desktop Integrated Notebook Server

Category:* (please tick one)

- A B C D

Deemed-to-Comply computer:* (please tick one)

- Yes No

Operating System

Did the computer ship with an operating system?* (please tick one)

- Yes

As-shipped operating system name:* _____

As-shipped operating system version:* _____

- No

Processor

Processor brand:* _____

Processor model number:* _____

Number of processors:* _____

Number of cores:* _____

Clock speed:* _____ GHz

Graphics Card

Discrete graphics card category:* (please tick one)

- None G1 G2 G3 G4 G5 G6 G7

Additional discrete graphics card category:* (please tick one)

- None G1 G2 G3 G4 G5 G6 G7

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System Memory

RAM:* _____ GB

Storage

Number of hard disk drives:* _____

Additional Components

Audio tuner:* (please tick one)

Yes

No

Diagonal screen size:* _____ Inches

(only required for notebook or integrated computers)

TV tuner:* (please tick one)

Yes

No

NETWORK AND POWER

You only need to complete this section if you declared under Operating System that your computer shipped with an operating system

Is power management enabled at shipment?* Yes No

Do default times to sleep for the computer and monitor comply?*" Yes No

Does the computer comply with network requirements?*" Yes No

Is the computer supplied by an enterprise channel as per AS/NZS 5813.2 clause 1.5.6?*" Yes No

If you answered yes to the previous question, please answer the following question:

Is the computer capable of both remote and schedule wake events?*" Yes

No

DEEMED-TO-COMPLY

You only need to complete this section if your computer is a deemed-to-comply computer.

Does the power supply comply with MEPS requirements?* Yes No

Will the manufacturing quantity in any 12 month period from anniversary of date of first supply exceed 200 units?* Yes No

Power Supply

Brand:* _____ Model:* _____

Type:* (please tick one) Internal External

If you ticked 'Internal', please answer the following questions:

Nameplate power rating:* _____ Watts

Efficiency at 20% of nameplate power:* _____ %

Efficiency at 50% of nameplate power:* _____ %

Efficiency at 100% of nameplate power:* _____ %

Power factor at 100% of nameplate power:* _____

If you ticked 'External', please answer the following question:

Is the external power supply registered for GEMS at performance mark V?*

- Yes
- No

OFFICIAL: SENSITIVE

SERVER

You only need to complete this section for small scale server computers. You do not need to complete this for a deemed-to-comply computer.

Idle power measured:* _____ Watts

Idle power requirement:* _____ Watts

Does this computer comply with the idle power requirement?* Yes No

Is standby (off mode) WOL enabled at shipment?* Yes No

Standby (off mode) WOL disabled measured power:* _____ Watts

Standby (off mode) WOL enabled measure power:* _____ Watts

NON-SERVER

You only need to complete this section for desktop, integrated and notebook computers. You do not need to complete this for a deemed-to-comply computer.

Standby level (off mode) power:* _____ Watts

Sleep mode power:* _____ Watts

Long idle mode power:* _____ Watts

Short idle mode power:* _____ Watts

Work mode power:* _____ Watts

Operational mode weighting type used for TECcalculated:* (please tick one)

- Base capability
- Conventional
- Fully proxying
- Remote wake
- Service discovery/Name services