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Australian Government
GEMS Regulator

GREENHOUSE & ENERGY
**MINIMUM
STANDARDS
REGULATOR**

ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS

GAS WATER HEATERS

AUSTRALIA

Per Greenhouse and Energy Minimum Standards (Gas Water Heaters) Determination 2017

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
7 February 2022	2.2	“Exemption” fields added. Accessibility improved. Branding updated. Test standard updated.
3 February 2020	2.1	Removed DoEE logo for MoG changes – no change to content.
11 December 2017	2.0	New Determination.
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.

<p><u>FOR SINGLE MODELS</u></p> <p>Model Number:* _____ Brand:* _____</p>

<p><u>FOR FAMILY OF MODELS</u></p> <p>What is the family name of the models covered by this application?*</p> <p>_____</p>
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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 (Gas water heaters) Determination 2017.

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

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:* _____

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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?*

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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 5263.1.2:2016

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 available but registration details containing test relevant to this product provided

If you ticked 'no test report available, but registration details provided', please answer the question below:

Registration number of the unit whose test forms the basis of this application:*

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.**

APPLIANCE DETAILS

Type:* (please tick one) Storage Instantaneous

Category:* (please tick one) Category 1 Category 2 Category 4

Appliance Dimensions: Width: _____ mm Height: _____ mm Depth: _____ mm

Nominal gas consumption:* _____ MJ/hour

Nominal storage capacity:* _____ L

(only required if you ticked Storage under Type above)

Nominal water heating capacity:* _____ L/min

(only required if you ticked Instantaneous under Type above)

Installation type: (please tick one) Outdoor only Indoor only Indoor/Outdoor

Available gas types:* (tick all that apply)

Natural gas Town gas TLP Propane Butane Universal LPG
 Manufactured gas LPG

Is the product claimed to be suitable for in line solar boosting?* Yes No

(only required if you ticked Instantaneous under Type above)

TEST RESULTS

Test voltage: _____ V

Test frequency: _____ Hz

Gas supply type:* (please tick one)

NG TG TLP SNG LNG LPG

Thermal efficiency:* _____ %

Maintenance rate:* _____ MJ/hour
(only required if you ticked Storage under Type on Appliance Details page)

Start up heat capacity: _____ MJ/start
(only relevant for Instantaneous models)

Pilot rate: _____ MJ/hour

Average electrical power in – non-operational mode: _____ W

Average electrical power in – operational mode:* _____ W

Provide details for each unit tested:

PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year

Average annual energy consumption:* _____ MJ/year

Does this product meet all of the minimum energy performance requirements as set out in the Determination?* Yes No