

OFFICIAL: SENSITIVE



Australian Government
GEMS Regulator

GREENHOUSE & ENERGY
**MINIMUM
STANDARDS
REGULATOR**

ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS

LINEAR FLUORESCENT LAMPS

AUSTRALIA

Per Greenhouse and Energy Minimum Standards (Double-capped fluorescent lamps) 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.

CONTENTS

VERSION CONTROL	2
MODELS AND MANUFACTURER	3
Product Model Information	3
Manufacturing Information.....	4
Sale Information.....	6
LABS & TEST REPORTS	7
EXEMPTION	8
APPLIANCE DETAILS	9
TEST REPORT TYPE	9
TEST RESULTS	10

VERSION CONTROL

Revision Date	Version	Summary of Changes
8 February 2022	2.2	“Exemption” fields added. Accessibility improved. Branding updated.
3 February 2020	2.1	Removed DoEE logo for MoG changes – no change to content.
9 June 2017	2.0	Replacement 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.

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 5 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Double-capped fluorescent lamps) 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>	

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 4782.1:2004

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 – published data is 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.

APPLIANCE DETAILS

Nominal Length:* _____ mm

Nominal Diameter:* _____ mm

Nominal Wattage:* _____ W

ILCOS code:* (please tick one)

- | | | | |
|---------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> FD-15-E-G13-26/550 | <input type="checkbox"/> FD-18-E-G13-26/600 | <input type="checkbox"/> FD-20-E-G13-32/600 | <input type="checkbox"/> FD-20-E-G13-38/600 |
| <input type="checkbox"/> FD-25-E-G13-38/970 | <input type="checkbox"/> FD-30-E-G13-26/900 | <input type="checkbox"/> FD-33-E-G13-26/1150 | <input type="checkbox"/> FD-36-E-G13-26/1200 |
| <input type="checkbox"/> FD-38-E-G13-26/1050 | <input type="checkbox"/> FD-40-E-G13-32/1200 | <input type="checkbox"/> FD-40-E-G13-38/1200 | <input type="checkbox"/> FD-58-E-G13-26/1500 |
| <input type="checkbox"/> FD-65-E-G13-32/1500 | <input type="checkbox"/> FD-65-E-G13-38/1500 | <input type="checkbox"/> FD-80-E-G13-38/1500 | <input type="checkbox"/> FD-20-L/P/H-G13-38/600 |
| <input type="checkbox"/> FD-30-L/P/H-G13-38/900 | <input type="checkbox"/> FD-40-L/P/H-G13-38/1200 | <input type="checkbox"/> FD-65-L/P/H-G13-38/1500 | <input type="checkbox"/> FD-80-L/P/H-G13-38/1500 |
| <input type="checkbox"/> FD-20-L/P/L-G13-32/600 | <input type="checkbox"/> FD-20-L/P/L-G13-38/600 | <input type="checkbox"/> FD-20-L/P/L-G13-38/900 | <input type="checkbox"/> FD-40-L/P/L-G13-32/1200 |
| <input type="checkbox"/> FD-40-L/P/L-G13-38/1200 | <input type="checkbox"/> FD-65-L/P/L-G13-38/1500 | <input type="checkbox"/> FD-60-L/P/L-R17d-38/1200 | <input type="checkbox"/> FDH-14-L/P-G5-16/550 |
| <input type="checkbox"/> FDH-21-L/P-G5-16/850 | <input type="checkbox"/> FDH-24-L/P-G5-16/550 | <input type="checkbox"/> FDH-28-L/P-G5-16/1150 | <input type="checkbox"/> FDH-35-L/P-G5-16/1450 |
| <input type="checkbox"/> FDH-39-L/P-G5-16/850 | <input type="checkbox"/> FDH-49-L/P-G5-16/1450 | <input type="checkbox"/> FDH-54-L/P-G5-16/1150 | <input type="checkbox"/> FDH-80-L/P-G5-16/1450 |
| <input type="checkbox"/> FDH-16-L/P-G13-26/600 | <input type="checkbox"/> FDH-32-L/P-G13-26/1200 | <input type="checkbox"/> FDH-50-L/P-G13-26/1500 | <input type="checkbox"/> FD-20-L/N-Fa6-38/600 |
| <input type="checkbox"/> FD-49-L/N-Fa6-38/1200 | <input type="checkbox"/> FD-65-L/N-Fa6-38/1500 | <input type="checkbox"/> FD-39-L/N-Fa8-38/1200 | <input type="checkbox"/> FDH-32-L/N-Fa6-26/1200 |
| <input type="checkbox"/> FDH-50-L/N-Fa6-26/1500 | <input type="checkbox"/> FD-37-E-G13-28/1200 | <input type="checkbox"/> FDH-22/40/1B-L-G5-16/1150 | <input type="checkbox"/> FD-22/64/1B-L-G5-16/1150 |
| <input type="checkbox"/> FD-40-LC/P/L-G13-32/1200 | <input type="checkbox"/> FD-18-E-G13-28/600 | | |

Lamp Frequency:* 50 Hz High Frequency Other: _____

TEST REPORT TYPE

Which of the following does the test report rely on?* (please tick one)

- Full test report(s) submitted with this application
- A test report summary submitted with a previous application
- A summary test report supplied with this application
- Published data by the manufacturer
- Unpublished data from the manufacturer
- Correspondence from the manufacturer
- Other: _____

TEST RESULTS

What is the test data based on?* (please tick one)

- Test Results
- Rated Values

Initial lumens test

Reference ballast brand and model: _____

Ballast supply voltage: _____ V

Ballast supply frequency: _____

Highest recorded ambient temperature: _____ °C

Lowest recorded ambient temperature: _____ °C

Lamp supply voltage: _____ V

Lamp supply current: _____ A

Initial lamp watts:* _____ W

Initial lumens:* _____ L

Maintained lumens test

Reference ballast brand and model: _____

Ballast supply voltage: _____ V

Ballast supply frequency: _____

Highest recorded ambient temperature: _____ °C

Lowest recorded ambient temperature: _____ °C

Lamp supply voltage: _____ V

Lamp supply current: _____ A

Maintained lamp watts:* _____ W

Maintained lumens:* _____ L

OFFICIAL: SENSITIVE

Colour rendering index (CRI)

Reference ballast brand and model: _____

Ballast supply voltage: _____ V

Ballast supply frequency: _____

Colour rendering index (CRI):* _____

Mercury content

Does the mercury content exceed 5mg?* (please tick one)

Yes

No

Mercury present in fluorescent lamp: _____ mg