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Australian Government
GEMS Regulator

GREENHOUSE & ENERGY
**MINIMUM
STANDARDS
REGULATOR**

ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS

BALLASTS

AUSTRALIA

Per Greenhouse and Energy Minimum Standards (Ballasts for Fluorescent Lamps) Determination 2012

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 4 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Ballasts for Fluorescent Lamps) Determination 2012.

<u>#1</u> Model Number:* _____ Brand:* _____	<u>#2</u> Model Number:* _____ Brand:* _____
<u>#3</u> Model Number:* _____ Brand:* _____	<u>#4</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:* _____

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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 4783.1:2001

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.**

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APPLIANCE DETAILS

Ballast type:* (please tick one) Electronic Ferromagnetic

Starter type:* (please tick one) None Rapid Instant External

Does the ballast have a single rated voltage or a voltage range?* (please tick one) Single voltage Voltage range

Ballast rated voltage: *

Minimum:* V _____

Maximum:* V _____

(Maximum only needs to be entered when Voltage range is ticked under 'Does the ballast have a single rated voltage or a voltage range?')

Is the ballast part of an imported luminaire?*

Yes
 No

If you ticked yes to the previous question, please answer the questions below:

Brand:* _____

Model:* _____

Other Identifiers:* _____

Recommended lamp ratings (W):*

- | | | | | | | | | |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 18 | <input type="checkbox"/> 21 | <input type="checkbox"/> 24 | <input type="checkbox"/> 26 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 2x10 | <input type="checkbox"/> 2x13 | <input type="checkbox"/> 2x15 | <input type="checkbox"/> 2x16 | <input type="checkbox"/> 2x18 | <input type="checkbox"/> 2x21 | <input type="checkbox"/> 2x24 | <input type="checkbox"/> 2x26 | <input type="checkbox"/> 2x28 |
| <input type="checkbox"/> 2x30 | <input type="checkbox"/> 2x32 | <input type="checkbox"/> 2x36 | <input type="checkbox"/> 2x38 | <input type="checkbox"/> 2x40 | <input type="checkbox"/> 2x42 | <input type="checkbox"/> 2x55 | <input type="checkbox"/> 2x58 | <input type="checkbox"/> 2x70 |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 32 | <input type="checkbox"/> 36 | <input type="checkbox"/> 38 | <input type="checkbox"/> 3x10 | <input type="checkbox"/> 3x13 | <input type="checkbox"/> 3x15 | <input type="checkbox"/> 3x16 | <input type="checkbox"/> 3x18 |
| <input type="checkbox"/> 3x21 | <input type="checkbox"/> 3x24 | <input type="checkbox"/> 3x26 | <input type="checkbox"/> 3x28 | <input type="checkbox"/> 3x30 | <input type="checkbox"/> 3x32 | <input type="checkbox"/> 3x36 | <input type="checkbox"/> 3x38 | <input type="checkbox"/> 3x40 |
| <input type="checkbox"/> 3x42 | <input type="checkbox"/> 3x55 | <input type="checkbox"/> 3x58 | <input type="checkbox"/> 3x70 | <input type="checkbox"/> 40 | <input type="checkbox"/> 42 | <input type="checkbox"/> 4x10 | <input type="checkbox"/> 4x13 | <input type="checkbox"/> 4x15 |
| <input type="checkbox"/> 4x16 | <input type="checkbox"/> 4x18 | <input type="checkbox"/> 4x21 | <input type="checkbox"/> 4x24 | <input type="checkbox"/> 4x26 | <input type="checkbox"/> 4x28 | <input type="checkbox"/> 4x30 | <input type="checkbox"/> 4x32 | <input type="checkbox"/> 4x36 |
| <input type="checkbox"/> 4x38 | <input type="checkbox"/> 4x40 | <input type="checkbox"/> 4x42 | <input type="checkbox"/> 4x55 | <input type="checkbox"/> 4x58 | <input type="checkbox"/> 4x70 | <input type="checkbox"/> 55 | <input type="checkbox"/> 58 | <input type="checkbox"/> 70 |
| <input type="checkbox"/> Other | | | | | | | | |

How many lamps is this ballast designed to supply in parallel?* _____

TEST RESULTS

Method of test:* (please tick one)

Appendix C of AS/NZS 4783.1

Appendix E of AS/NZS 4783.12

Test voltage:* _____ V

Reference lamp rated power:* _____ W

Please provide details for each unit tested (attach another page if more space required):

<p><u>Test Unit</u></p> <p>Unit identification number:* _____</p> <p>Total input power – unadjusted:* _____ W</p> <p>Corrected total input power:* _____ W</p>
--

<p><u>Test Unit</u></p> <p>Unit identification number:* _____</p> <p>Total input power – unadjusted:* _____ W</p> <p>Corrected total input power:* _____ W</p>
--

<p><u>Test Unit</u></p> <p>Unit identification number:* _____</p> <p>Total input power – unadjusted:* _____ W</p> <p>Corrected total input power:* _____ W</p>
--

<p><u>Test Unit</u></p> <p>Unit identification number:* _____</p> <p>Total input power – unadjusted:* _____ W</p> <p>Corrected total input power:* _____ W</p>
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Test Unit
Unit identification number:* _____
Total input power – unadjusted:* _____ W
Corrected total input power:* _____ W

Average total input power:* _____ W

Average corrected total input power:* _____ W

Energy efficiency index classification:* (please tick one)

- A1 A2 A3 B1 B2 A2BAT A1BAT

In accordance with which table was the energy efficiency index classification determined?*(please tick one)

- Table 1 AS/NZS 4783.2
 Table 2 AS/NZS 4783.2
 Table 3 AS/NZS 4783.2

Is the ballast dimmable?*(only required for electronic ballasts) Yes No

If you ticked yes to 'Is the ballast dimmable?', please answer the questions below:

Is the total input power at 25% light output less than or equal to 50% of the value specified in tables 1 to 3 (as applicable) of AS/NZS4783.2:2002?* Yes No

Is the ballast capable of dimming the lamp to 10% light output?* Yes No

Does each of the test units comply with the minimum energy performance standard?* Yes No

Does the model comply with the performance prerequisites specified in clause 6.2?* Yes No

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Please record the BLF for each ballast-lamp combination:

Lamp Type

ILCOs Code:*

FBC FD FS FSH FBG FDH FSC FSM FBR FDR FSD
 FSQ FBT FDU FSG FSS

BLF:* _____

Lamp Type

ILCOs Code:*

FBC FD FS FSH FBG FDH FSC FSM FBR FDR FSD
 FSQ FBT FDU FSG FSS

BLF:* _____

Lamp Type

ILCOs Code:*

FBC FD FS FSH FBG FDH FSC FSM FBR FDR FSD
 FSQ FBT FDU FSG FSS

BLF:* _____

Lamp Type

ILCOs Code:*

FBC FD FS FSH FBG FDH FSC FSM FBR FDR FSD
 FSQ FBT FDU FSG FSS

BLF:* _____

Lamp Type

ILCOs Code:*

FBC FD FS FSH FBG FDH FSC FSM FBR FDR FSD
 FSQ FBT FDU FSG FSS

BLF:* _____