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Australian Government  
GEMS Regulator

GREENHOUSE & ENERGY  
**MINIMUM  
STANDARDS  
REGULATOR**

## **ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS**

### **DISTRIBUTION TRANSFORMERS**

#### **AUSTRALIA**

### **Per Greenhouse and Energy Minimum Standards (Power Transformers) 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
4 February 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 (Power Transformers) 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:* _____
<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:\* \_\_\_\_\_

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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:*

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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:*

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From another form of permanent marking on the product

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

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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)

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**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 2374.1

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

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*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 is provided

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

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**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**

Appliance Dimensions: Width: \_\_\_\_\_ mm Height: \_\_\_\_\_ mm Depth: \_\_\_\_\_ mm

Transformer type:\* (please tick one)  Oil immersed  Dry type

SWER type:\* (please tick one)  Yes  No

Power supply:\* (please tick one)  Single phase  Three phase

Network voltage:\* (please tick one)  11kV  22kV

<p><u>Input</u></p> <p>Voltage:* _____ V Frequency:* _____ Hz</p>
-------------------------------------------------------------------

<p><u>Output</u></p> <p>Voltage:* _____ V Frequency:* _____ Hz</p>
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Rated output:\* \_\_\_\_\_ Kva

**TEST RESULTS**

Test voltage:\* \_\_\_\_\_ V

Test frequency:\* \_\_\_\_\_ Hz

Tested output:\* \_\_\_\_\_ kVA

Tested power efficiency at 50% load:\* \_\_\_\_\_ %

Has the tested power efficiency level been corrected for temperature?\*  Yes  No