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Australian Government  
GEMS Regulator

GREENHOUSE & ENERGY  
**MINIMUM  
STANDARDS  
REGULATOR**

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

### **TELEVISIONS**

### **AUSTRALIA**

### **Per Greenhouse and Energy Minimum Standards (Televisions) 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
8 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.
30 August 2019	1.0	Document finalised.
13 August 2019	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 (Televisions) 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:\* \_\_\_\_\_

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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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**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/NZS 62087.1:2010

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 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**

Power supply:\*

Internal  EPS

*If you ticked EPS, please answer the following questions:*

Is EPS supplied with the television?\*

Yes  
 No

EPS brand:\* \_\_\_\_\_ EPS model:\* \_\_\_\_\_

Nameplate/EPS input frequency range

Minimum:\* \_\_\_\_\_ Hz Maximum:\* \_\_\_\_\_ Hz

Nameplate/EPS input voltage range

Minimum:\* \_\_\_\_\_ V Maximum:\* \_\_\_\_\_ V

Nameplate/EPS input current: \_\_\_\_\_ A

Nameplate/EPS input power: \_\_\_\_\_ W

Viewable screen dimensions

Width:\* \_\_\_\_\_ cm Height:\* \_\_\_\_\_ cm

Screen technology:\* (please tick one)

LCD  LCD (LED)  CRT  Plasma  OLED

Lines of vertical resolution:\* (please tick one)

768  1080  Unknown  Other: \_\_\_\_\_

Nominal aspect ratio:\* (please tick one)

16:9 (widescreen)  4:3  Unknown

Tuner type:\* (please tick one)

Digital  Analogue  Analogue/Digital  Unknown

**TEST RESULTS**

Input voltage:\* \_\_\_\_\_ V

Input frequency:\* \_\_\_\_\_ Hz

Input current: \_\_\_\_\_ A

Input power:\* \_\_\_\_\_ W

Does the television have more than two standby modes?\* (please tick one)

Yes

No

Which standby power method is used to calculate the PAEC?\* (please tick one)

Method 1

Method 2

*If you ticked Method 1, please answer the following questions:*

Passive standby power:\* \_\_\_\_\_ W

Time in passive standby mode:\* \_\_\_\_\_ hours/day

Time in active standby mode:\* \_\_\_\_\_ hours/day

Passive standby power factor:\* \_\_\_\_\_

Active standby power:\* \_\_\_\_\_ W

Active standby power factor:\* \_\_\_\_\_

*If you ticked Method 2, please answer the following question:*

Declared 14 hour calculated standby:\* \_\_\_\_\_

Recommended home viewing picture mode luminance:\* \_\_\_\_\_ cd/m<sup>2</sup>

Name of recommended home viewing picture mode:\* \_\_\_\_\_

On (average) mode power in recommended home viewing picture mode:\* \_\_\_\_\_ W

On (average) mode power factor in recommended home viewing picture mode:\* \_\_\_\_\_

Brightest picture mode luminance:\* \_\_\_\_\_ cd/m<sup>2</sup>

Name of brightest picture mode:\* \_\_\_\_\_

CEC:\* \_\_\_\_\_ kWh/year