



TE TARI TIAKI PŪNGAO
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy
Minimum Standards Regulator

**GREENHOUSE AND ENERGY
MINIMUM STANDARDS (GEMS)
PRODUCT REGISTRATION
APPLICATION QUESTIONS**

COMPACT FLUORESCENT LAMPS

NEW ZEALAND

Per AS/NZS 4847.2:2010

August 2019

This form is designed for applicants' internal use only, not for submitting applications to the GEMS Regulator.

All applications for product registration must be submitted to the Regulator via the online registration database at <https://reg.energyrating.gov.au>.

The Regulator cannot accept any applications in hard copy.

Note that this form may be updated from time to time to reflect changes to the registration database and it is the applicant's responsibility to ensure they are using the latest version.

Any question with an asterisk (*) next to it is mandatory.

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VERSION CONTROL

Revision Date	Version	Summary of Changes
30 August 2019	1.1	EECA logo updated.
24 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:

#1

Model Number:* _____

Brand:* _____

#2

Model Number:* _____

Brand:* _____

#3

Model Number:* _____

Brand:* _____

#4

Model Number:* _____

Brand:* _____

#5

Model Number:* _____

Brand:* _____

#6

Model Number:* _____

Brand:* _____

#7

Model Number:* _____

Brand:* _____

#8

Model Number:* _____

Brand:* _____

#9

Model Number:* _____

Brand:* _____

#10

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 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:* _____

Is 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 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?*

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?*

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 4787.1:2010

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

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:

APPLICATION DETAILS

Type of CFL lamp:* (please tick one) Covered non-reflector Bare Reflector

<p><u>Input frequency range</u></p> <p>Minimum:* _____ Hz Maximum:* _____ Hz</p>
--

<p><u>Input voltage range</u></p> <p>Minimum:* _____ V Maximum:* _____ V</p>
--

Compliance path:*

- | | | |
|---|---|---|
| <input type="checkbox"/> Tested to AS/NZS 4847.1:2010 | <input type="checkbox"/> Registered with ELI | <input type="checkbox"/> Registered with ELI v2 |
| <input type="checkbox"/> Registered with EST5 | <input type="checkbox"/> Registered with EST6 | <input type="checkbox"/> Registered with EST7 |

Certificate of Compliance:*

Please attach a copy of the Certificate of Compliance. You do not need to do this if you ticked 'Tested to AS/NSZ 4847.1:2010' under Compliance path.

TEST RESULTS

Nominal luminous flux:* _____ lumens

Nominal lamp power:* _____ Watts

Nominal median lamp life:* _____ hours

Does the product have a test report to support the above nominal median lamp life?*

Yes No

Nominal colour temperature:* _____ Kelvin

Does the measured start time comply with AS/NZS 4847.2?*

Yes No

Mean measured run up time:* _____ s

Mean measured initial luminous flux:* _____ lumens

Mean measured initial efficacy:* _____ lumens/watt

Average measured lumen maintenance at 2000 hours life: _____ %

Mean measured lumen maintenance at 5000 hours life: _____ %

Measured premature lamp failure rate: _____ %

Mean measured true power factor: _____

Does the measured colour appearance (SDCM) comply with AS/NZS 4847.2?*

Yes No

Mean measured colour rendering index (CRI):* _____

Mean measured mercury content:* _____ mg

Form of mercury:* (please tick one) Elemental Amalgam

Does this product comply with the requirements for minimum switching withstand?*

Yes No

Does this product comply with AS/NZS 61000 or IEC 61000.3.2 (harmonics)?*

Yes No

Does this product comply with the immunity requirements of IEC 61547?*

Yes No