

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

CLOTHES DRYERS

AUSTRALIA

**Per Greenhouse and Energy Minimum Standards
(Rotary Clothes Dryers) Determination 2015**

February 2020

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
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:

Note: There is a limit of 10 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Rotary Clothes Dryers) Determination 2015.

#1

Model Number:* _____

Brand:* _____

#6

Model Number:* _____

Brand:* _____

#2

Model Number:* _____

Brand:* _____

#7

Model Number:* _____

Brand:* _____

#3

Model Number:* _____

Brand:* _____

#8

Model Number:* _____

Brand:* _____

#4

Model Number:* _____

Brand:* _____

#9

Model Number:* _____

Brand:* _____

#5

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?*

If applicable, please respond to the following question and provide the details requested:

This model/family replaces or supplements another model or family.

Old Model Name:* _____

Old Model Number:* _____

Old Registration Number:* _____

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 2442.1:1996/Amdt 4:2006

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:

APPLIANCE DETAILS

Appliance Dimensions: Width: _____ mm Height: _____ mm Depth: _____ mm

Clothes dryer type:* (please tick one) Vented Condenser

Is this model a combination washer-dryer?* Yes No

Control mechanism:* (please tick one) Autosensing Timer Manual

Name of program/temperature setting to be noted on energy label:*

Rated load capacity:* (please tick one)

- | | | | | | | | |
|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 1kg | <input type="checkbox"/> 1.5 kg | <input type="checkbox"/> 2 kg | <input type="checkbox"/> 2.5 kg | <input type="checkbox"/> 3 kg | <input type="checkbox"/> 3.5 kg | <input type="checkbox"/> 4.kg | <input type="checkbox"/> 4.5 kg |
| <input type="checkbox"/> 5 kg | <input type="checkbox"/> 5.5 kg | <input type="checkbox"/> 6 kg | <input type="checkbox"/> 6.5 kg | <input type="checkbox"/> 7 kg | <input type="checkbox"/> 7.5 kg | <input type="checkbox"/> 8 kg | <input type="checkbox"/> 8.5 kg |
| <input type="checkbox"/> 9 kg | <input type="checkbox"/> 9.5 kg | <input type="checkbox"/> 10 kg | <input type="checkbox"/> 10.5 kg | <input type="checkbox"/> 11 kg | <input type="checkbox"/> 11.5 kg | <input type="checkbox"/> 12 kg | <input type="checkbox"/> 12.5 kg |
| <input type="checkbox"/> 13 kg | <input type="checkbox"/> 13.5 kg | <input type="checkbox"/> 14 kg | <input type="checkbox"/> 14.5 kg | <input type="checkbox"/> 15 kg | <input type="checkbox"/> 15.5 kg | <input type="checkbox"/> 16 kg | <input type="checkbox"/> 16.5 kg |
| <input type="checkbox"/> 17 kg | <input type="checkbox"/> 17.5 kg | <input type="checkbox"/> 18 kg | <input type="checkbox"/> 18.5 kg | <input type="checkbox"/> 19 kg | <input type="checkbox"/> 19.5 kg | <input type="checkbox"/> 20 kg | |

Rated program time:* _____ mins

TEST RESULTS

Please provide details for each test – a minimum of 3:

<u>Test #1</u> PAEC result*: _____ kWh/y	<u>Test #2</u> PAEC result*: _____ kWh/y	<u>Test #3</u> PAEC result*: _____ kWh/y
<u>Test #4</u> PAEC result*: _____ kWh/y	<u>Test #5</u> PAEC result*: _____ kWh/y	<u>Test #6</u> PAEC result*: _____ kWh/y
<u>Test #7</u> PAEC result*: _____ kWh/y	<u>Test #8</u> PAEC result*: _____ kWh/y	<u>Test #9</u> PAEC result*: _____ kWh/y
<u>Test #10</u> PAEC result*: _____ kWh/y		

<p><u>Mean results for all tests</u></p> <p>Tested energy consumption:* _____ kWh</p> <p>Tested moisture removed:* _____ kg</p> <p>Mean test time:* _____ mins</p>

Measured cool-down time:* _____ mins

Water connection mode:* (please tick one) (only required for condenser clothes dryers)

None
 Hot
 Cold
 Dual

Total water consumption:* (only required for condenser clothes dryers) _____ L

CEC:* _____ kWh/year