



TE TARI TIAKI PŪNGAO
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy
Minimum Standards Regulator

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

BALLASTS

NEW ZEALAND

Per AS/NZS 4783.2:2002

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 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:

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 |
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| <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 4783.1

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>

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
 A1BAT
 A2BAT

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

Please record the BLF for each ballast-lamp combination:

<p>Lamp Type</p> <p>ILCOs code:*</p> <table border="0"> <tr> <td><input type="checkbox"/> FBC</td> <td><input type="checkbox"/> FD</td> <td><input type="checkbox"/> FS</td> <td><input type="checkbox"/> FSH</td> </tr> <tr> <td><input type="checkbox"/> FBG</td> <td><input type="checkbox"/> FDH</td> <td><input type="checkbox"/> FSC</td> <td><input type="checkbox"/> FSM</td> </tr> <tr> <td><input type="checkbox"/> FBR</td> <td><input type="checkbox"/> FDR</td> <td><input type="checkbox"/> FSD</td> <td><input type="checkbox"/> FSQ</td> </tr> <tr> <td><input type="checkbox"/> FBT</td> <td><input type="checkbox"/> FDU</td> <td><input type="checkbox"/> FSG</td> <td><input type="checkbox"/> FSS</td> </tr> </table> <p>BLF:* _____</p>	<input type="checkbox"/> FBC	<input type="checkbox"/> FD	<input type="checkbox"/> FS	<input type="checkbox"/> FSH	<input type="checkbox"/> FBG	<input type="checkbox"/> FDH	<input type="checkbox"/> FSC	<input type="checkbox"/> FSM	<input type="checkbox"/> FBR	<input type="checkbox"/> FDR	<input type="checkbox"/> FSD	<input type="checkbox"/> FSQ	<input type="checkbox"/> FBT	<input type="checkbox"/> FDU	<input type="checkbox"/> FSG	<input type="checkbox"/> FSS	<p>Lamp Type</p> <p>ILCOs code:*</p> <table border="0"> <tr> <td><input type="checkbox"/> FBC</td> <td><input type="checkbox"/> FD</td> <td><input type="checkbox"/> FS</td> <td><input type="checkbox"/> FSH</td> </tr> <tr> <td><input type="checkbox"/> FBG</td> <td><input type="checkbox"/> FDH</td> <td><input type="checkbox"/> FSC</td> <td><input type="checkbox"/> FSM</td> </tr> <tr> <td><input type="checkbox"/> FBR</td> <td><input type="checkbox"/> FDR</td> <td><input type="checkbox"/> FSD</td> <td><input type="checkbox"/> FSQ</td> </tr> <tr> <td><input type="checkbox"/> FBT</td> <td><input type="checkbox"/> FDU</td> <td><input type="checkbox"/> FSG</td> <td><input type="checkbox"/> FSS</td> </tr> </table> <p>BLF:* _____</p>	<input type="checkbox"/> FBC	<input type="checkbox"/> FD	<input type="checkbox"/> FS	<input type="checkbox"/> FSH	<input type="checkbox"/> FBG	<input type="checkbox"/> FDH	<input type="checkbox"/> FSC	<input type="checkbox"/> FSM	<input type="checkbox"/> FBR	<input type="checkbox"/> FDR	<input type="checkbox"/> FSD	<input type="checkbox"/> FSQ	<input type="checkbox"/> FBT	<input type="checkbox"/> FDU	<input type="checkbox"/> FSG	<input type="checkbox"/> FSS
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