



TE TARI TIAKI PŪNGAO
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy
Minimum Standards Regulator

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

COMPUTERS

NEW ZEALAND

Per AS/NZS 5813.2:2012

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 5813.1:2012

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 provided

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

COMPUTER DETAILS

Computer type:* (please tick one) Desktop Integrated Notebook Server

Category:* (please tick one) A B C D

Deemed-to-Comply computer:* (please tick one) Yes No

Operating System

Did the computer ship with an operating system? * (please tick one)

Yes

As-shipped operating system name:* _____

As-shipped operating system version:* _____

No

Processor

Processor brand:* _____

Processor model number:* _____

Number of processors:* _____

Number of cores:* _____

Clock speed:* _____ GHz

Graphics Card

Discrete graphics card category * (please tick one)

- None
- G1
- G2
- G3
- G4
- G5
- G6
- G7

Additional discrete graphics card category * (please tick one)

- None
- G1
- G2
- G3
- G4
- G5
- G6
- G7

System Memory

RAM:* _____ GB

Storage

Number of hard disk drives:* _____

Additional Components

Audio tuner * (please tick one) Yes No

Diagonal screen size:* _____ Inches
(only required for notebook or integrated computers)

TV tuner * (please tick one) Yes No

NETWORK AND POWER

You only need to complete this section if you declared under Operating System that your computer shipped with an operating system

Is power management enabled at shipment?* Yes No

Do default times to sleep for the computer and monitor comply?* Yes No

Does the computer comply with network requirements?* Yes No

Is the computer supplied by an enterprise channel as per AS/NZS 5813.2 clause 1.5.6?* Yes No

If you answered yes to the previous question, please answer the following question:

Is the computer capable of both remote and schedule wake events?* Yes No

DEEMED-TO-COMPLY

You only need to complete this section if your computer is a deemed-to-comply computer.

Does the power supply comply with MEPS requirements?* Yes No

Will the manufacturing quantity in any 12 month period from anniversary of date of first supply exceed 200 units?*

Yes No

Power Supply

Brand:* _____ Model:* _____

Type:* (please tick one) Internal External

If you ticked 'Internal', please answer the following questions:

Nameplate power rating:* _____ Watts

Efficiency at 20% of nameplate power:* _____ %

Efficiency at 50% of nameplate power:* _____ %

Efficiency at 100% of nameplate power:* _____ %

Power factor at 100% of nameplate power:* _____

If you ticked 'External', please answer the following question:

Is the external power supply registered for GEMS at performance mark V?*

Yes No

SERVER

You only need to complete this section for small scale server computers. You do not need to complete this for a deemed-to-comply computer.

Idle power measured:* _____ Watts

Idle power requirement:* _____ Watts

Does this computer comply with the idle power requirement?* Yes No

Is standby (off mode) WOL enabled at shipment?* Yes No

Standby (off mode) WOL disabled measured power:* _____ Watts

Standby (off mode) WOL enabled measure power:* _____ Watts

NON-SERVER

You only need to complete this section for desktop, integrated and notebook computers. You do not need to complete this for a deemed-to-comply computer.

Standby level (off mode) power:* _____ Watts

Sleep mode power:* _____ Watts

Long idle mode power:* _____ Watts

Short idle mode power:* _____ Watts

Work mode power:* _____ Watts

Operational mode weighting type used for TECcalculated:* (please tick one)

- Base capability Conventional Fully proxying Remote wake
 Service discovery/Name services