



TE TARI TIAKI PŪNGAO
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy
Minimum Standards Regulator

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

GAS WATER HEATERS

NEW ZEALAND

Per AS/NZS 4552.2:2010

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 4552:2005

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

Type:* (please tick one)

Storage

Instantaneous

Category:* (please tick one)

Category 1

Category 2

Category 4

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

Nominal gas consumption:* _____ MJ/hour

Nominal storage capacity:* _____ L

(only required if you ticked Storage under Type above)

Nominal water heating capacity:* _____ L/min

(only required if you ticked Instantaneous under Type above)

Installation type:* (please tick one)

Outdoor only

Indoor only

Indoor/Outdoor

Available gas types:* (tick all that apply)

Natural gas

Town gas

TLP

Propane

Butane

Universal LPG

Manufactured gas LPG

Is the product claimed to be suitable for in line solar boosting?*

Yes

No

(only required if you ticked Instantaneous under Type above)

TEST RESULTS

Test voltage: _____ V

Test frequency: _____ Hz

Gas supply type:* (please tick one) NG TG TLP SNG LNG LPG

Thermal efficiency:* _____ %

Maintenance rate:* _____ MJ/hour
(only required if you ticked Storage under Type on Appliance Details page)

Start up heat capacity: _____ MJ/start
(only relevant for Instantaneous models)

Pilot rate: _____ MJ/hour

Average electrical power in – non-operational mode: _____ W

Average electrical power in – operational mode:* _____ W

Provide details for each unit tested:

PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year
PAEC:* _____ MJ/year	PAEC:* _____ MJ/year

Average annual energy consumption:* _____ MJ/year

Does this product meet all of the minimum energy performance requirements as set out in the applicable test standard?*

Yes No