



TE TARI TIAKI PŪNGAO
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy
Minimum Standards Regulator

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

TELEVISIONS

NEW ZEALAND

Per AS/NZS 62087.2.2:2011

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 62087.1:2010

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 provided

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

APPLIANCE DETAILS

Power supply:*

Internal

EPS

If you ticked EPS, please answer the following questions:

Is EPS supplied with the television?*

Yes

No

EPS brand:* _____

EPS model:* _____

Nameplate/EPS input frequency range

Minimum:* _____ Hz Maximum:* _____ Hz

Nameplate/EPS input voltage range

Minimum:* _____ V Maximum:* _____ V

Nameplate/EPS input current: _____ A

Nameplate/EPS input power: _____ W

Viewable screen dimensions

Width:* _____ cm Height:* _____ cm

Screen technology:* (please tick one)

LCD

LCD (LED)

CRT

Plasma

OLED

Lines of vertical resolution:* (please tick one)

768

1080

Unknown

Other: _____

Nominal aspect ratio:* (please tick one)

16:9 (widescreen)

4:3

Unknown

Tuner type:* (please tick one)

Digital

Analogue

Analogue/Digital

Unknown

TEST RESULTS

Input voltage:* _____ V

Input frequency:* _____ Hz

Input current: _____ A

Input power:* _____ W

Does the television have more than two standby modes?* (please tick one) Yes No

Which standby power method is used to calculate the PAEC?* (please tick one) Method 1 Method 2

If you ticked Method 1, please answer the following questions:

Passive standby power:* _____ W

Time in passive standby mode:* _____ hours/day

Time in active standby mode:* _____ hours/day

Passive standby power factor:* _____

Active standby power:* _____ W

Active standby power factor:* _____

If you ticked Method 2, please answer the following question:

Declared 14 hour calculated standby:* _____

Recommended home viewing picture mode luminance:* _____ cd/m²

Name of recommended home viewing picture mode:* _____

On (average) mode power in recommended home viewing picture mode:* _____ W

On (average) mode power factor in recommended home viewing picture mode:* _____

Brightest picture mode luminance:* _____ cd/m²

Name of brightest picture mode:* _____

CEC:* _____ kWh/year