

Section 7, Building Act 2004.

APPLICATION IS FOR:	
<input type="checkbox"/> Inspection(s) only	<input type="checkbox"/> Inspection, maintenance and reporting procedures
<input type="checkbox"/> Employee	<input type="checkbox"/> Self-employed / independent

SECTION 1. CONTACT DETAILS			
Applicant full name:			
Mailing address:			
Company name (if applicable):			
Phone		Mobile	
Work		Email	

DETAILS OF INSURANCE			
Professional Indemnity and Public Liability insurance held relative to the role of an Independent Qualified Person) Important: Please demonstrate insurance cover for 'employee' or 'self-employed' status or both if applicable.			
Type of cover	Amount	Insurer	Exclusions
If insurance lapses, Independent Qualified Person's Certificate will become null and void.			

Privacy Statement: Your application will be held for purpose or reviewing and assessing your application. Under the Privacy Act 2020 you have the right to access your personal information held by us. You also have the right to request that the information we hold about you be corrected.

This approval is for the Rangitikei District Council.	
Please submit applications to:	
Rangitikei District Council	BWOFF@rangitikei.govt.nz

SECTION 2. SPECIFIED SYSTEMS

(Building Act 2004) AS OUTLINED IN THE Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005

<input type="checkbox"/> SS1 Automatic systems for fire suppression	<input type="checkbox"/> SS11 Laboratory fume cupboards
<input type="checkbox"/> SS2 Automatic or manual emergency warning systems	<input type="checkbox"/> SS12/1 Audio Loops
<input type="checkbox"/> SS3/1 Automatic doors	<input type="checkbox"/> SS 12/2 FM radio frequency systems and infra-red beam transmission systems
<input type="checkbox"/> SS3/2 Access controlled doors	<input type="checkbox"/> SS13/1 Mechanical smoke control
<input type="checkbox"/> SS3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/> SS13/2 Natural smoke control
<input type="checkbox"/> SS4 Emergency lighting systems	<input type="checkbox"/> SS13/3 Smoke curtains
<input type="checkbox"/> SS5 Escape route pressurisation systems	<input type="checkbox"/> SS14/1 Emergency power systems
<input type="checkbox"/> SS6 Riser mains	<input type="checkbox"/> SS14/2 Signs
<input type="checkbox"/> SS7 Automatic backflow preventers	<input type="checkbox"/> SS15/1 Systems for communicating spoken information intended to facilitate evacuation
<input type="checkbox"/> SS8/1 Passenger carrying lifts	<input type="checkbox"/> SS15/2 Final Exits
<input type="checkbox"/> SS8/2 Service lifts	<input type="checkbox"/> SS15/3 Fire separations
<input type="checkbox"/> SS8/3 Escalators and moving walks	<input type="checkbox"/> SS15/4 Signs for communicating information intended to facilitate evacuation
<input type="checkbox"/> SS9 Mechanical ventilation or air conditioning systems	<input type="checkbox"/> SS15/5 Smoke separations
<input type="checkbox"/> SS10 Building maintenance units	<input type="checkbox"/> SS16 Cable cars

Independent Qualified Person (IQP) Application for Registration

SECTION 3: KNOWLEDGE OF THE BUILDING ACT AND CODE

List all courses / seminars (including any in house) you have attended in order to confirm your knowledge of the Building Act 2004 and any recent amendments, Regulations, relevant statutory forms and Building Code.


Course	Length of course	Brief outline of course	Education Provider	Country	Year

SECTION 4: IQP ASSESSMENT INFORMATION

Please complete the statements to show support of your competence level in the space below.

1. Please describe your knowledge of the compliance schedule and building warrant of fitness process, include how you have gained your knowledge and over what period of time.

2. What are the key factors in determining whether a form 12A Certificate of Compliance with inspection, maintenance, and reporting procedures can be issued?

3.	When would it be appropriate to send in a report to support your 12A certificate?		
4.	In what circumstances would you advise change to a compliance schedule and specified system?		
5.	Do you have access to current and superseded standards (hard copy or electronic)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Do you receive or have access to Ministry of Business, Innovation & Employment for updates to the Building Act and Compliance Documents? building.govt.nz	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	 Please attach copies of supporting documents, for each system, together with correct reference to relevant standards, frequency of inspections and how the inspection is undertaken. The procedures and inspection sheets must demonstrate that they meet the requirements of the Building Act 2004, Regulations, Building Code and Compliance Schedule Handbook	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<ul style="list-style-type: none"> Form 12A attached 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<ul style="list-style-type: none"> Check sheets / inspection sheets (that list performance standards, frequency of inspections and instructions to undertake the inspection) for each specified system attached 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<ul style="list-style-type: none"> Test certificates - backflow prevention with pass/fail results attached 	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 5: QUALITY ASSURANCE

1.	Are you/your organisation accredited by a recognised quality standard e.g. ISO/ IANZ. If so, please provide a description and a copy of your certificate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Do you or your company use check/prompt sheets for each type of inspection for which you have applied for. If so, please attach those that apply to your current application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is any measuring equipment you use regularly calibrated? If so, please identify the equipment and the process of how it is calibrated.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Independent Qualified Person (IQP) Application for Registration

SECTION 6: PROFESSIONAL MEMBERSHIP / REGISTRATION / LICENSES

List all professional membership and any registration / licenses that you currently hold.

Institution / Organisation	Class	Membership / Registration number	Year gained / joined	Expiry Date

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SECTION 8: RELEVANT WORK HISTORY

For each specified system applied for, list your work history to demonstrate your knowledge and experience in relation to that system. Please attach supporting evidence or additional information.



Qualification	Experience	Year

SECTION 9: CONDITIONS OF ACCEPTANCE AS AN IQP

The following conditions will apply:

1.	The (IQP) will notify Rangitikei District Council in writing immediately when any circumstances arise which would affect materially my ability to carry out the duties set out in the Building Act and amendments.
2.	The Rangitikei District Council reserve the right to withdraw registration if notified, under item 1 above or in the event that it deems the IQP is considered no longer a competent person to undertake the inspection, maintenance and reporting of the relevant feature or system or for any good and proper reason.
3.	The Rangitikei District Council reserve the right to suspend or withdraw the registration of any specified system during the period of acceptance if the Council becomes aware of negligence or misconduct in respect to the use of IQP status. A due and fair investigation will be undertaken.
4.	I acknowledge that I have read, understand and agree to the above conditions. I also declare that to my knowledge; the application contains no false or misleading information.

I am applying for approval by the Rangitikei District Council to accept me as an IQP and to include my details on their IQP register.

Full name			
Signature		Date	

CHECKLIST

The following information is attached to this application (where applicable)

	Description	Tick
1.	Insurance certificates (Public Liability, Professional Indemnity)	<input type="checkbox"/>
2.	Qualifications	<input type="checkbox"/>
3.	Professional membership / licenses / registration	<input type="checkbox"/>
4.	Referee evaluations (3 per system)	<input type="checkbox"/>
5.	Work history / experience (additional information)	<input type="checkbox"/>

Please be aware: any incomplete, missed sections or documentation will be returned to meet the required standard for an application.

Appendix: Referee Declaration and Evaluation

(2 per Specified System)

REFEREE DECLARATION AND EVALUATION

Completed peer assessment of (Print Name):

Specified System type:

Full name of referee:

I declare that I personally attest to the competence of the individual named above. This constitutes my personal and independent evaluation of the individual's competence in regard to the area of expertise.

I am an individual with equivalent competence and be required to hold IQP status of same system/s with an other Council. Where I consider I am unable to provide a valid evaluation for a specific element my comments will be qualified.

The nature and extent of my professional contact with the individual in the last 2 years is as follows:

Please attach a copy of current IQP status held at another Council.



I have experience and qualifications in the following areas:

Referees
Full name

Contact
Number

Email

Appendix: Referee Declaration and Evaluation

(2 per Specified System)

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