

# Application to become a producer statement author

All sections of this form must be completed

Type of application:  New  Renewal PSA No. \_\_\_\_\_

## APPLICANT DETAILS (please print) all information must be completed & provided

Applicants full name:	<input type="text"/>		
Name you wish to be known as:	<input type="text"/>		
Applicants after hours address	<input type="text"/>		
Company's full name:	<input type="text"/>		
Company's postal address:	<input type="text"/>		Postcode <input type="text"/>
Company's physical address:	<input type="text"/>		Postcode <input type="text"/>
After hours No :	<input type="text"/>	Work No:	<input type="text"/>
Mobile No:	<input type="text"/>	Email:	<input type="text"/>

## TYPE OF PRODUCER STATEMENT APPLICANT SEEKS APPROVAL FOR

To ensure the Council holds the correct information for you, please complete the fields below.

Indicate which type of producer statement you seek approval for:

- Design (PS1)
- Design Review (PS2)
- Construction (PS3)
- Construction Review (PS4)

Indicate which clauses of the Building Code you seek approval to issue producer statements for:

<input type="checkbox"/> Design (PS1)	<input type="text"/>
<input type="checkbox"/> Design Review (PS2)	<input type="text"/>
<input type="checkbox"/> Construction (PS3)	<input type="text"/>
<input type="checkbox"/> Construction Review (PS4)	<input type="text"/>

- Please specify / describe the nature of work for each of the NZBC clauses you wish to certify e.g. B1 structural, geotechnical, C3 fire, G10 mechanical, etc.
- Please also confirm any code clauses that you no longer require as part of your authorship (if applicable)

Please specify the maximum value of building work you intend to certify

- |  |
|--|
| <input type="checkbox"/> Low/ Medium – Refer to Policy |
| <input type="checkbox"/> High – Refer to Policy        |

## INSURANCE DETAILS

Note: please provide a copy of public liability and professional indemnity insurance policy documents held by you or your company

Professional indemnity insurance:

\$

Public liability insurance:

\$

Term of insurance: (date)

\$

From:

To:

## EVIDENCE REQUIRED TO SUPPORT APPLICATION

### New Applications

- Curriculum vitae detailing experience
- Company profile
- Company registration details
- Qualifications
- Registration under statute
- Professional affiliations
- Quality assurance system
- LBP number (if applicable)
- Engineering New Zealand letter confirming practice fields and practicing certificate (if applicable)
- Demonstrated competence in the type of and scale of project subject to this application (e.g. Project specific work examples)
- 3 written references from peers attesting to the recent technical experience of the design professional or contractor (not from same company)
- Certificate confirming current insurance policy held for professional indemnity/public liability

### Renewal Applications

- Certificate confirming current insurance policy held for professional indemnity
- Engineering New Zealand letter confirming practice fields and practicing certificate (if applicable)
- Professional Development Log (evidence of professional development for previous three years)

## PRIVACY ACT 1993

I hereby confirm and acknowledge that:

1. Council is authorised by me to collect, retain and use, personal information about me ("Information") for the purposes of assessing my suitability as an author of producer statements. The information collected from me or other sources available to the Council, including but not limited to the professional/trade organisation, referees and any other persons or companies with whom I am or have been associated or referred to in the attached application
2. I understand that in the event that the information provided to Council is unsatisfactory, that my application may be declined
3. I understand that the information will be retained by and is accessible to Council employees or other persons engaged by the Council, for the purposes of assessing and reviewing my suitability as a producer statement author.
4. I understand that if I am approved as an Author with Auckland Council, my details will become publically available on the Council Register which is available on the Auckland Council website.
5. I understand that I have rights under the Privacy Act 1993 to have access to any information held, where it can be readily retrieved and to request correction of that information.

## CONDITIONS OF ACCEPTANCE

I confirm that I have read and agree to the conditions of acceptance contained within the Auckland Council Producer Statement policy, including but not limited to the requirement to:

- Maintain my professional development and provide evidence of this every three years before the anniversary date of my approval;
- Maintain agreed levels of insurance and provide evidence of this each year before the anniversary date of my insurance expiry date;
- Disclose any conflicts of interest that may arise in the course of any project I am involved in; and
- Work within the scope of my approval

You will be invoiced; do not send any money in with your application

**Note:** Auckland Council Producer Statement policy is available online

## DECLARATION

I declare this information is correct and have read, understand and accept the statements made on this form in relation to my rights under the Privacy Act 1993.

Full name:

Signature:

Date: