

Application to become an author for certificates of acceptance



All sections of this form must be completed

Type of application: New Renewal

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

Applicants full name:

Name you wish to be known as:

Applicant's after hours address:

Company's full name:

Company's postal address: Postcode

Company's physical address: Postcode

After hours No : Work No:

Mobile No: Fax No:

Email :

TYPES OF REPORTS YOU SEEK APPROVAL FOR (refer to NZ Building Code clause A1 for classified uses)

Please indicate which classified use you wish to prepare building reports for:

- Housing**
 Detached dwellings
 Multi-unit dwellings
 Group dwellings
- Communal residential**
 Community service
 Community care
 Unrestrained
 Restrained
- Communal non-residential**
 Assembly service
 Assembly care
- Commercial**
 Industrial
 Outbuildings
 Ancillary

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

\$

IDENTIFY CODE CLAUSES YOUR REPORTS WILL INCLUDE (circle)

B1	B2	C1	C2	C3	C4	C5	C6	D1	D2	E1	E2	E3
F1	F2	F3			F4	F5	F6	F7	F8			
G1	G2	G3			G4	G5	G6	G7	G8			
G9	G10	G11			G12	G13	G14	G15	H1			

IDENTIFY CODE CLAUSES YOUR REPORTS WILL EXCLUDE (circle)

B1	B2	C1	C2	C3	C4	C5	C6	D1	D2	E1	E2	E3
F1	F2	F3			F4	F5	F6	F7	F8			
G1	G2	G3			G4	G5	G6	G7	G8			
G9	G10	G11			G12	G13	G14	G15	H1			

Note: Authors will be expected to demonstrate competence in the fields selected

INSURANCE DETAILS

Note: please provide copies of public liability and professional indemnity insurance policy documents held by you or your company. These documents will need to specifically state that you hold cover for this type of work.

Professional indemnity insurance: From: To:

Public liability insurance: From: To:

EVIDENCE REQUIRED TO SUPPORT APPLICATION

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Curriculum vitae detailing experience <input type="checkbox"/> Company profile <input type="checkbox"/> Company registration details <input type="checkbox"/> Qualifications <input type="checkbox"/> Registration under statute (if applicable) <input type="checkbox"/> Professional affiliations <input type="checkbox"/> Quality assurance system <input type="checkbox"/> LBP number (if applicable) <input type="checkbox"/> Two copies of completed recent reports with supporting photographs | <ul style="list-style-type: none"> <input type="checkbox"/> IPENZ letter confirming practice fields and practicing certificate (if applicable) <input type="checkbox"/> 3 x Written references from peers attesting to the recent technical experience of the design professional or contractor (not from same company) <input type="checkbox"/> Certificate confirming current insurance policy held for professional indemnity <input type="checkbox"/> Professional Development Log (evidence of professional development) (Renewal applications) |
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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 reports for Certificates of Acceptance. 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 an author.
4. 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.
5. I understand that information about me will be recorded on the Auckland Council Producer Statement Register which is publically available

CONDITIONS OF ACCEPTANCE

I confirm that I have read and agree to the conditions of acceptance contained within the Auckland Council Producer Statement policy, which apply equally to authors of Certificates of Acceptance reports including but not limited to the requirement to:

- Maintain my professional development and provide evidence of this each year 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 approval;
- 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
- Cheque to cover cost of assessing new applications (as per producer statement author - refer to fees schedule)
- Cheque to cover cost of assessing renewals (as per producer statement author - refer to fees schedule)

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: