

Independent Qualified Person (IQP) Application for Registration

Section 7 of the Building Act 2004

IQP Number (if applicable): _____

Please refer to the **Building consent fees and charges** page on the Auckland Council website for IQP fees

Return applications to Auckland Council, IQP Registrar, Building Consents, Private Bag 92300, Auckland 1142
Email: IQP.Registrar@aucklandcouncil.govt.nz

Important note:

- The application is for individual IQPs
- Registration is valid for 12 months.

TYPE OF APPLICATION

- New application and number of specified systems _____ or
- Renewal application
- Additional specified systems requested _____ (IQP Acceptance Number _____)

1. CONTACT DETAILS

Applicant full name:

Position held:

Mailing address: Postcode:

Phone number: Work: Mobile:

Email address:

Company name:

2. DETAILS OF INSURANCE

Please attach a copy of insurance certificate (showing period of cover) which you are covered by. Public/Broadform liability or Professional indemnity to be adequate for the level of work undertaken.

- Attached

3. (NEW APPLICATION) QUALIFICATIONS & KNOWLEDGE OF BUILDING ACT (MANDATORY) AND CODE

For **NEW** applications list and attach your qualifications and attach copies of certificates to support each system you are seeking registration for. Please include details of any ongoing education, including recent professional courses you have attended.

Confirm your knowledge of the Building Act 2004 and any recent amendments, Regulations, relevant statutory Forms and Building Code. Please attach copies of certificates:

| Course | Length of course | Brief outline of course | Education provider | Country | Year |
|-----------------------------------|------------------|---|---------------------------|-------------|------|
| e.g. Building Act Rules for IQP's | ½ day | Compliance schedules, building warrants of fitness and 12As required by the Building Act 2004 | In-house, ABC Company Ltd | New Zealand | 2016 |
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4. (RENEWAL APPLICATION) ADDITIONAL KNOWLEDGE

For **RENEWAL** applications, please list any additional information:

- On-going education, meetings, in-house training, workshops, seminars, refresher courses and updated knowledge on the Building Act, Amendments, Regulations and
- Any progress (if any) of your development in the area of expertise / specified system(s) since previous application

| Qualification | Length of qualification (years) | Brief outline of course | Education provider | Country | Year |
|-----------------------|---------------------------------|--|------------------------|-------------|------|
| e.g. BE (Hons) | 4 years | Mechanical | University of Auckland | New Zealand | 1991 |
| e.g. Site Safe course | 1 day | To assess safety of a site and be aware of hazards on commercial sites | In-house, ABC Limited | New Zealand | 2010 |
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5. SPECIFIED SYSTEMS (Building Act 2004) as outlined in the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005

| Code | Name | Tick | Code | Name | Tick |
|--------------|---|--------------------------|---------------|--|--------------------------|
| SS1.0 | Automatic systems for fire suppression: | | SS10.0 | Building maintenance units for providing access to the exterior and interior walls of buildings | <input type="checkbox"/> |
| SS1.1 | Automatic sprinkler systems | <input type="checkbox"/> | SS11.0 | Laboratory fume cupboards | <input type="checkbox"/> |
| SS1.2 | Gas, foam, flood for suppressions system, deluge system, dry and wet fire extinguishing system | <input type="checkbox"/> | SS12.0 | Audio loops or other assistive listening systems | <input type="checkbox"/> |
| SS2.0 | Automatic/manual emergency warning systems for fire or other dangers: | | SS12.1 | Audio loop | <input type="checkbox"/> |
| SS2.1 | Manual and automatic fire alarms; smoke/heat detectors; gas; radiation systems <input type="checkbox"/> Audible <input type="checkbox"/> Visual | <input type="checkbox"/> | SS12.2 | FM radio-frequency systems and infrared beam transmission systems | <input type="checkbox"/> |
| SS2.2 | Automatic gas leak detection systems for the detection and measurement of combustible gases e.g. carbon monoxide gas detection system, ammonia, chloride Type: _____ | <input type="checkbox"/> | SS13.0 | Smoke control systems: | |
| SS3.0 | Electromagnetic or automatic doors or windows: | | SS13.1 | Mechanical smoke control systems | <input type="checkbox"/> |
| SS3.1 | Automatic doors (sliding / revolving / panic) | <input type="checkbox"/> | SS13.2 | Natural smoke control systems | <input type="checkbox"/> |
| SS3.2 | Access controlled doors (swipe card / key pad / sensor / delayed egress) | <input type="checkbox"/> | SS13.3 | Smoke curtains | <input type="checkbox"/> |
| SS3.3 | Interfaced fire or smoke doors or windows (electromagnetic door holders) | <input type="checkbox"/> | SS14.0 | Emergency power systems or signs: | |
| SS4.0 | Emergency lighting systems | <input type="checkbox"/> | SS14.1 | Emergency power systems <input type="checkbox"/> Electrical <input type="checkbox"/> Diesel <input type="checkbox"/> Mechanical | <input type="checkbox"/> |
| SS5.0 | Escape route pressurisation systems | <input type="checkbox"/> | SS14.2 | Signs (1-13 and 16) | <input type="checkbox"/> |
| SS6.0 | Riser mains for use by fire services | <input type="checkbox"/> | SS15.0 | Means of escape (other fire safety features or system) | |
| SS7.0 | Automatic backflow preventers connected to a potable water supply | <input type="checkbox"/> | SS15(a) | System for communicating spoken information to facilitate evacuation | <input type="checkbox"/> |
| SS8.0 | Lifts, escalators, travelators or other systems for moving people or goods within a building | | SS15(b) | Final exits | <input type="checkbox"/> |
| SS8.1 | Passenger carrying lifts | <input type="checkbox"/> | SS15(c) | Fire separation | <input type="checkbox"/> |
| SS8.2 | Platform, low-speed and service lifts | <input type="checkbox"/> | SS15(d) | Signs for communicating information to facilitate evacuation | <input type="checkbox"/> |
| SS8.3 | Escalators and moving walks | <input type="checkbox"/> | SS15(e) | Smoke separation | <input type="checkbox"/> |
| SS9.0 | Mechanical ventilation or air conditioning systems <input type="checkbox"/> Cooling towers | <input type="checkbox"/> | SS16.0 | Cable cars | <input type="checkbox"/> |

6. IQP ASSESSMENT INFORMATION (NEW APPLICANTS)

Please complete the statements to show support of your competence level in the space below or attached copies

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|---|---|--|-----------|--|
| 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. | Do you intend to participate in ongoing education or training in respect of compliance systems e.g. sprinkler forum? | | | |
| 4. | Please attach copies of supporting documents, for each specified 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. | Copies attached | | |
| | | Yes | No | |
| | | • Form 12A (include company logo and contact details) | | |
| | | • Report / letter in lieu (include company logo and contact details) | | |
| | | • Defect report or letter to owner (when a form 12A cannot be provided) | | |
| | | • Inspection sheets (that list performance standards, frequency of inspections and instructions to undertake the inspection) for each specified system | | |
| • Test certificates – backflow prevention (include company logo and contact details) with pass / fail results | | | | |
| 5. | Do you have access to the standards (hard copy or electronic)? | | | |
| 6. | Do you receive or have access to Ministry of Business, Innovation & Employment (MBIE), for updates to the Building Act and Compliance Documents? www.mbie.govt.nz | | | |

7. PROFESSIONAL MEMBERSHIP / REGISTRATION / LICENCES

List all of your professional membership and any registration / licences that you currently hold or have previously held. Please also indicate if your membership was terminated other than by the expiry of a term of membership and if you are registered within another Territorial Authority for IQP registration. Please attach copies:

| Institution / Organisation | Class | Still current? Yes / No | Membership / registration number | Year gained / joined | Expiry date |
|------------------------------|-------|----------------------------|----------------------------------|----------------------|-------------|
| e.g. Electrical Registration | EST | Y | 12345 | 2008 | 2017 |
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8. REFERENCES

Please attach copies of three references from referees familiar with your profile and standard of performance, confirming competence for each specified system. One reference can come from your organisation

9. WORK HISTORY SUMMARY (NEW APPLICANTS)

Please list your work history or CV in chronological order with the most recent first. The information provided must demonstrate your knowledge and experience in respect of the relevant specified systems (installing, testing, servicing and maintaining). Please attach copies to support your application

10. PHOTO INFORMATION

Photo to be emailed to IQP.Registrar@aucklandcouncil.govt.nz for IQP membership card (**hard copy photos not acceptable**)

A suitable colour photograph. This means a photo that:

- Is in a JPEG (.jpg) format and does not exceed 180 kilobytes (45mm high x 35mm wide)
- Shows a full front view of face, head and shoulders, with head filling most of photo
- Has plain, light-coloured background (not white or dark), with no background shadow

11. CHECKLIST (NEW APPLICANTS)

The following information is attached to this application:

(Please note: Sections 2, 3, 7 & 10 required for both new and renewal applications)

| Nº | Heading | Tick | Nº | Heading | Tick |
|----|--|--------------------------|----|-------------------|--------------------------|
| 2 | Insurance certificate | <input type="checkbox"/> | 8 | References | <input type="checkbox"/> |
| 3 | Qualifications (including additional qualifications /further development | <input type="checkbox"/> | 9 | Work history | <input type="checkbox"/> |
| 5 | IQP assessment information | <input type="checkbox"/> | 10 | Photo information | <input type="checkbox"/> |
| 7 | Professional membership / registration / licences | <input type="checkbox"/> | | | <input type="checkbox"/> |

12. CONDITIONS OF CONTINUED ACCEPTANCE AS AN INDEPENDENT QUALIFIED PERSON AND PRIVACY ACT DECLARATION 1993

Where Auckland Council approved an application for acceptance as an IQP, the following conditions will apply:

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|--|---|-------|--|
| 1 | The (IQP) will notify the Chief Executive, Auckland Council in writing immediately: <ul style="list-style-type: none"> Any circumstances that arise which would materially affect my ability to carry out the duties set out in the Building Act and amendments. | | |
| 2 | The Auckland Council reserves the right to withdraw the acceptance if notified, under clause 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 Auckland Council reserves the right to suspend or withdraw the registration of any specified system during the period of acceptance if the Council becomes aware of negligence in respect to the use of IQP status. A due and fair process will be undertaken under the disciplinary code. | | |
| 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. | | |
| 5 | I authorise Auckland Council to collect, retain and use personal information about me ("Information") for the purposes of assessing my acceptability as an IQP, and being appropriately qualified to undertake the inspection, maintenance and reporting of the feature or system for which acceptance is sought. | | |
| 6 | I understand I have the right under the Privacy Act 1993 to have access to my information where it can be readily retrieved and to request correction of my information and to be informed of the action taken in response to any such request. | | |
| I am applying for approval / continued approval by Auckland Council to accept me as an IQP and include my details on their IQP register. | | | |
| Full Name: (please print) | | | |
| Signature: | | Date: | |

Once the application has been approved, an invoice will be sent with details of how to pay