

Producer statement: application seeking approval to perform high-risk work

All sections of this form must be completed – applicants should allow (20) working days for this process to be completed

APPLICANT DETAILS *(please print)*

| | | | |
|-----------------------------|----------------------|-------------------------------------|--------------------------------|
| Applicant's full name: | <input type="text"/> | | |
| Council authorship number: | <input type="text"/> | Year first registered as PS author: | <input type="text"/> |
| CPEng No: | <input type="text"/> | Year first registered as CPEng: | <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"/> |
| Work No: | <input type="text"/> | Mobile No: | <input type="text"/> |
| Work email: | <input type="text"/> | | |

TYPE OF PRODUCER STATEMENT

| | |
|--|----------------------|
| <input type="checkbox"/> Design (PS1) | <input type="text"/> |
| <input type="checkbox"/> Design review (PS2) | <input type="text"/> |
| <input type="checkbox"/> Construction review (PS4) | <input type="text"/> |

CODE CLAUSES *(what code clauses are you seeking approval for?)*

| | | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> B1 | <input type="checkbox"/> B2 | <input type="checkbox"/> C2 | <input type="checkbox"/> C3 | <input type="checkbox"/> C4 | <input type="checkbox"/> C5 | <input type="checkbox"/> C6 | <input type="checkbox"/> D1 | <input type="checkbox"/> D2 | <input type="checkbox"/> E1 |
| <input type="checkbox"/> E2 | <input type="checkbox"/> E3 | <input type="checkbox"/> F1 | <input type="checkbox"/> F2 | <input type="checkbox"/> F3 | <input type="checkbox"/> F4 | <input type="checkbox"/> F5 | <input type="checkbox"/> F6 | <input type="checkbox"/> F7 | <input type="checkbox"/> F8 |
| <input type="checkbox"/> F9 | <input type="checkbox"/> G1 | <input type="checkbox"/> G2 | <input type="checkbox"/> G3 | <input type="checkbox"/> G4 | <input type="checkbox"/> G5 | <input type="checkbox"/> G6 | <input type="checkbox"/> G7 | <input type="checkbox"/> G8 | <input type="checkbox"/> G9 |
| <input type="checkbox"/> G10 | <input type="checkbox"/> G11 | <input type="checkbox"/> G12 | <input type="checkbox"/> G13 | <input type="checkbox"/> G14 | <input type="checkbox"/> G15 | <input type="checkbox"/> H1 | | | |

INSURANCE *(please specify the maximum value of building work you intend to certify)*

| | |
|---|---|
| <input type="checkbox"/> Project value over \$1,000,000 but less than \$5,000,000 | <input type="checkbox"/> Project value over \$5,000,000 |
|---|---|

APPROVAL TYPE

| | |
|--|--|
| <input type="checkbox"/> One-off project | <input type="checkbox"/> Multiple projects |
|--|--|

INSURANCE DETAILS *(please provide a copy of professional indemnity and public liability insurance policy documents held by you or your company to cover high-risk project)*

| | | | |
|-----------------------------------|-------------------------|----------------------------|--------------------------|
| Insurance Provider: | <input type="text"/> | | |
| Professional indemnity insurance: | \$ <input type="text"/> | From: <input type="text"/> | To: <input type="text"/> |
| Public liability insurance: | \$ <input type="text"/> | From: <input type="text"/> | To: <input type="text"/> |

EVIDENCE PROVIDED TO SUPPORT APPLICATION

- CV
- Qualifications
- Provide details of your role in at least 4 high risk applications including design brief for each project
- Certificate confirming current insurance policy held for professional indemnity to cover high-risk project
- Quality Assurance System (third party certification), if no third party certification please provide a copy of your in-house QMS system along with a recent copy of a project specific quality plan (must contain elements of design inputs, verification, validation and outputs)
- Technical referees (3) minimum (independent)

PRIVACY ACT 1993

I hereby confirm and acknowledge that:

- 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 high-risk producer statements for the project nominated in this application form
- I understand that in the event that the information provided to Council is unsatisfactory, that my application may be declined
- I understand that the information will be retained by and is accessible to Council employees or other persons engaged by the Council
- 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
- Maintain agreed levels of insurance and provide evidence
- Disclose any conflicts of interest that may arise in the course of this project; and
- Work within the scope of my approval

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:

COUNCIL USE ONLY

Technical reviewers name & signature:

Date:

Decision:

Applicant has supplied all necessary documentation as per Council Policy AC2301

YES / NO

Outcome:

Approved / Declined (list reasons)

Reasons for decision:

QAA name & signature:

Date:

Decision:

Applicant has supplied all necessary documentation as per Council Policy AC2301

YES / NO

Outcome:

Approved / Declined (list reasons)

Reasons for decision:

Policy representative name & signature:

Date:

Decision:

Applicant has supplied all necessary documentation as per Council Policy AC2301

YES / NO

Outcome:

Approved / Declined (list reasons)

Reasons for decision: