



1. Applicant details

1a. Full name

1b. Company name

1c. Postal address

1d. Contact details

Phone Mobile Fax

1e. Email

1f. Website address

2. Qualifications and experience

Applicant's relevant qualifications and experience

Qualifications by examination	Granted by	Date granted
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership of professional institutions and technical organisations	Date admitted
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Qualifications by training not included above (apprenticeship, courses etc.)	Organised or supervised by	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Refresher courses not included above	Organised or supervised by	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Experience	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please turn over

4. Specified systems - Building Act 2004

Please complete this section by marking installations relevant under the Building Act 2004 to identify your competencies.

New Existing

- SS1/1 Automatic systems for fire suppression (e.g. sprinkler systems).
- SS1/2 Gas flood systems.
- SS2 Automatic or manual emergency warning systems for fire or other dangers.
- SS3 Electromagnetic or automatic doors or windows (e.g. ones that close on fire alarm activation).
 - SS3/1 Automatic doors.
 - SS3/2 Access controlled doors.
 - SS3/3 Interfaced fire or smoke doors or windows.
- SS4 Emergency lighting systems.
- SS5 Escape route pressurisation systems.
- SS6 Riser mains for use by fire services.
- SS7 Automatic backflow preventers connected to a potable water supply.
- SS8 Lifts, escalators, travelators or other systems for moving people or goods within buildings.
 - SS8/1 Passenger carrying lifts.
 - SS8/2 Service lifts.
 - SS8/3 Escalators and moving walks.
- SS9 Mechanical ventilation or air-conditioning systems.
 - SS9/1 Air-conditioning systems.
 - SS9/2 Ventilation systems.
 - SS9/3 Fire/smoke dampers.
- SS10 Building maintenance units providing access to exterior and interior walls of buildings.
- SS11 Laboratory fume cupboards.
- SS12 Audio loops or other assistive listening systems.
 - SS12/1 Audio loops.
 - SS12/2 FM radio frequency systems and infrared beam transmission systems.
- SS13 Smoke control systems.
 - SS13/1 Mechanical smoke control.
 - SS13/2 Natural smoke control.
 - SS13/3 Smoke curtains.
- SS14 Emergency power systems for or signs relating to, a system or feature specified for any of the above systems or features.
 - SS14/1 Emergency power systems.
 - SS14/2 Signs.
- SS15 Other fire safety systems or features.
 - SS15/1 Systems for communicating spoken information intended to help evacuation.
 - SS15/2 Final exits (as defined in the Building Code).
 - SS15/3 Fire separations (as defined in the Building Code).
 - SS15/4 Signs for communicating information intended to help evacuation.
 - SS15/5 Smoke separations (as defined in the Building Code).

Please turn over

5. Supporting statements

Attach supporting technical references from individuals, professional or technical institutions, clients, etc. (A minimum of three covering all systems or features for which acceptance is sought.) Referees may be contacted during the processing of the application.

Name and address	System or feature to which reference relates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach brief summaries outlining the procedures to be adopted in the inspection and maintenance of each feature or system for which acceptance is sought, together with advice as to the relevant New Zealand standards, technical documents etc., against which performance would be checked.

6. Insurance

Please provide details of public liability or professional indemnity insurance held relative to the role of an IQP.

Type of cover	Amount	Insurer	Significant exclusions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Compliance history

If your application is for re-approval, please complete this section, otherwise move straight to section 8.

Please provide details of four buildings where you have carried out IQP inspections in the last 12 months.

<input type="text"/>	<input type="text"/>
Building	Street address
<input type="text"/>	<input type="text"/>
Building	Street address
<input type="text"/>	<input type="text"/>
Building	Street address
<input type="text"/>	<input type="text"/>
Building	Street address

8. Applicant's declaration

PRIVACY STATEMENT:

Information on this form is to be provided under the Building Act 2004 and is required to process your application. This information, including your personal information, has to be made available to the members of the public and media, including business organisations, upon request. In appropriate circumstances, it may also be made available to other units of the Council, the Council's approved contractors and other government agencies. Under the Privacy Act 2020, you have the right to access the personal information held about you by the Council and you can also request that the Council corrects any personal information it holds about you.

I confirm that I have read and understood the privacy statement above and that the information provided on the application form is true and correct. I also understand that the Council will send all invoices and refunds for fees to me (the applicant) and I will be responsible for, and indemnify the Council in respect of, the payment of all fees in connection with this application. I further understand that all correspondence related to the application will be sent to me.

<input type="text"/>	<input type="text"/>
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Signature

Date

Full name (print clearly)