

INDEPENDENT QUALIFIED PERSON (IQP) APPLICATION FOR REGISTRATION

SECTION 7, BUILDING ACT 2004

OFFICE USE ONLY		(PNCC) CB 01 02 4001 GL	
Receipt No:		IQP No:	

APPLICATION IS FOR:	
Inspection(s) only	Inspection, maintenance and reporting procedures
Employee	Self-employed / independent

SECTION 1. CONTACT DETAILS	
Applicant full name:	
Mailing address:	
Company name (if applicable):	
Phone	Mobile
Work	Email

DETAILS OF INSURANCE			
(Professional Indemnity and Public Liability insurance held relative to the role of an Independent Qualified Person) Important: Please demonstrate insurance cover for 'employee' or 'self-employed' status or both if applicable.			
Type of cover	Amount	Insurer	Exclusions

If insurance lapses, Independent Qualified Person's Certificate will become null and void

This approval is for the Territorial Authorities within the Central IQP Registration Panel.	
Please submit applications to:	
Central IQP Registration Panel	centralIQP@pncc.govt.nz

SECTION 2. SPECIFIED SYSTEMS

(Building Act 2004) AS OUTLINED IN THE Building
(Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005

SS1 Automatic systems for fire suppression	SS11 Laboratory fume cupboards
SS2 Automatic or manual emergency warning systems	SS12/1 Audio Loops
SS3/1 Automatic doors	SS 12/2 FM radio frequency systems and infra-red beam transmission systems
SS3/2 Access controlled doors	SS13/1 Mechanical smoke control
SS3/3 Interfaced fire or smoke doors or windows	SS13/2 Natural smoke control
SS4 Emergency lighting systems	SS13/3 Smoke curtains
SS5 Escape route pressurisation systems	SS14/1 Emergency power systems
SS6 Riser mains	SS14/2 Signs
SS7 Automatic backflow preventers	SS15/1 Systems for communicating spoken information intended to facilitate evacuation
SS8/1 Passenger carrying lifts	S15/2 Final Exits
SS8/2 Service lifts	SS15/3 Fire separations
SS8/3 Escalators and moving walks	SS15/4 Signs for communicating information intended to facilitate evacuation
SS9 Mechanical ventilation or air conditioning systems	SS15/5 Smoke separations
SS10 Building maintenance units	SS16 Cable cars

SECTION 3: KNOWLEDGE OF THE BUILDING ACT AND CODE

List all courses / seminars (including any in house) you have attended in order to confirm your knowledge of the Building Act 2004 and any recent amendments, Regulations, relevant statutory forms and Building Code.

Course	Length of course	Brief outline of course	Education Provider	Country	Year

SECTION 4: IQP ASSESSMENT INFORMATION

Please complete the statements to show support of your competence level in the space below.

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.	When would it be appropriate to send in a report to support your 12A certificate?		
4.	In what circumstances would you advise change to a compliance schedule and specified system?		
5.	Do you have access to current and superseded standards (hard copy or electronic)?	Yes	No
6.	Do you receive or have access to Ministry of Business, Innovation & Employment for updates to the Building Act and Compliance Documents? building.govt.nz	Yes	No
7.	Please attach copies of supporting documents, for each 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	Yes	No
•	Form 12A attached	Yes	No
•	Check sheets / inspection sheets (that list performance standards, frequency of inspections and instructions to undertake the inspection) for each specified system attached	Yes	No
•	Test certificates - backflow prevention with pass/fail results attached	Yes	No

SECTION 5: QUALITY ASSURANCE

1.	Are you/your organisation accredited by a recognised quality standard e.g. ISO/IANZ. If so, please provide a description and a copy of your certificate.	Yes	No
2.	Do you or your company use check/prompt sheets for each type of inspection for which you have applied for. If so, please attach those that apply to your current application.	Yes	No
3.	Is any measuring equipment you use regularly calibrated? If so, please identify the equipment and the process of how it is calibrated.	Yes	No

SECTION 9: CONDITIONS OF ACCEPTANCE AS AN IQP

The following conditions will apply:

1.	The (IQP) will notify the Central IQP Registration Panel in writing immediately when any circumstances arise which would affect materially my ability to carry out the duties set out in the Building Act and amendments.
2.	The Central IQP Registration Panel reserve the right to withdraw registration if notified, under item 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 Central IQP Registration Panel reserve the right to suspend or withdraw the registration of any specified system during the period of acceptance if the Council becomes aware of negligence or misconduct in respect to the use of IQP status. A due and fair process will be undertaken under the code of conduct.
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.

I am applying for approval by the Central IQP Registration Panel to accept me as an IQP and to include my details on their IQP register.

Full name

Signature

Date

CHECKLIST

The following information is attached to this application (where applicable)

	Description	Tick
1.	Insurance certificates (Public Liability, Professional Indemnity)	
2.	Qualifications	
3.	Professional membership / licenses / registration	
4.	Referee evaluations (2 per system)	
5.	Work history / experience (additional information)	
6.	Payment	

APPENDIX: REFEREE DECLARATION AND EVALUATION

(2 PER SPECIFIED SYSTEM)

REFEREE DECLARATION AND EVALUATION	
Completed peer assessment of (Print Name):	
Specified System type:	
Full name of referee:	
•	I declare that I personally attest to the competence of the individual named above. This constitutes my personal and independent evaluation of the individual's competence in regard to the area of expertise.
•	I am an individual of at least equivalent competence. Where I consider I am unable to provide a valid evaluation for a specific element my comments are qualified accordingly.
The nature and extent of my professional contact with the individual in the last 2 years is as follows:	
I have experience and qualifications in the following areas:	
Referees Signature:	Date:
Contact Number:	Email:

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