

# INDEPENDENT QUALIFIED PERSON (IQP) REGISTRATION RENEWAL APPLICATION

SECTION 7, BUILDING ACT 2004

<b>OFFICE USE ONLY</b>		(PNCC) CB 01 02 4001 GL	
Receipt No:		IQP No:	

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

<b>1. CONTACT DETAILS</b>	
Applicant full name:	
Mailing address:	
Company name (if applicable):	
Phone	Mobile
Work	Email

<b>DETAILS OF INSURANCE</b>			
(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**

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

## 2. SPECIFIED SYSTEMS

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

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

**SECTION 3: QUALIFICATIONS OR REFRESHER TRAINING OBTAINED SINCE PREVIOUS APPLICATION (IF APPLICABLE)**

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

**SECTION 4: QUALITY ASSURANCE**

<b>1.</b>	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 current certificate.	Yes	No
<b>2.</b>	Is any measuring equipment you use regularly calibrated?	Yes	No

**Provide details below of any equipment regularly calibrated:**


**SECTION 5: PROFESSIONAL MEMBERSHIP / REGISTRATION / LICENSES**

**List all of professional membership and any registration / licenses that you currently hold or have previously held.**

Institution / Organisation	Class	Membership / Registration number	Year gained / joined	Expiry Date

## SECTION 6: CONDITIONS OF ACCEPTANCE AS AN IQP

The following conditions will apply:

1.	The (IQP) will notify the <b>Central IQP Registration Panel</b> 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.	Annual Calibration certificates	
3.	Professional membership / licenses / registration	
4.	Details of any refresher training or qualifications since last application (section 3)	
5.	Payment	