

INDEPENDENT QUALIFIED PERSON (IQP) REGISTRATION RENEWAL APPLICATION

SECTION 7, BUILDING ACT 2004

OFFICE USE ONLY

Receipt No:

IQP No:

APPLICATION IS FOR:

Inspection(s) only

Inspection, maintenance and reporting procedures

Employee

Self-employed / independent

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

Privacy Statement: Your application will be reviewed and disclosed to members of the Central IQP Panel. Under the Privacy Act 2020 you have the right to access your personal information held by us. You also have the right to request that the information we hold about you be corrected.

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

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: 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

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 current certificate.	Yes	No
2.	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 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.	Annual Calibration certificates	
3.	Professional membership / licenses / registration	
4.	Details of any refresher training or qualifications since last application (section 3)	