# **INDEPENDENT QUALIFIED PERSON (IQP)**

## **APPLICATION FOR REGISTRATION**

**SECTION 7, BUILDING ACT 2004** 

OFFICE USE ONLY	(PNCC	(PNCC) CB 01 02 4001 GL			
Receipt No:			IQP No:		
APPLICATION IS FOR:					
Inspection(s) only		Insi	oection, maintenance and reporting procedures		
Employee		Sel	f-employed / indep	endent	
SECTION 1. CONTACT DE	ETAILS				
Applicant full name:					
Mailing address:					
Company name (if applicab	ole):				
Phone Mobile		Mobile			
Work		Email			
DETAILS OF INSURANCE					
(Professional Indemnity and Important: Please demonst					
Type of cover	Amount		Insurer		Exclusions
If insurance lapses, Independent Qualified Person's Certificate will become null and void					
<b>Privacy Statement:</b> Your application will be disclosed to members of the Central IQP Panel for the purpose or reviewing and assessing your application. 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 Ter	ritorial Authorities	within the	e Central IQP Regist	tration Pa	nel.
Please submit applications to:					
Central IQP Registration Panel			centrallQP@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

<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
SS3/1 Automatic doors	<b>SS 12/2</b> 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
<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
SS8/2 Service lifts	<b>SS15/3</b> Fire separations
SS8/3 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	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.						
Cours	se	Length of course	Brief outline of course	Education Provider	Country	Year
SECT	TION 4: IQP ASSESS	MENT INFO	RMATION	<u>,                                      </u>		
Please	e complete the statem	ents to show s	support of your competence l	evel in the spac	e below.	_
1.	Please describe your how you have gaine	r knowledge o d your knowle	of the compliance schedule and over what period of t	d building warra time.	ant of fitness pro	cess, include
2.	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 ap	propriate to s	end in a report to support you	ur 12A certificat	e?	

4.	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 acces: Employment for updates to th building.govt.nz		f Business, Innovation & t and Compliance Documents?	Yes	No
7.		vant standards ken. The proc neet the requi	rements of the Building Act	Yes	No
•	Form 12A attached			Yes	No
•	Check sheets / inspection sheets (that list performance standards, frequency of inspections and instructions to undertake the inspection)  Yes  No for each specified system attached				No
•					
SECT	TION 5: QUALITY ASSURANC	CE			
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.				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.				
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			No	
SECT	TION 6: PROFESSIONAL MEI	MBERSHIP /	REGISTRATION / LICENSES		
List al	ll professional membership and	any registratio	on / licenses that you currently hold o	or have previously	y held.
Instit	stitution / Organisation Class Membership / Year gained / joined / joined			Expiry Date	

#### **SECTION 7: QUALIFICATIONS**

List your qualifications and attached copies to support each system you are applying for.

Qualification	Year

#### **SECTION 8: RELEVANT WORK HISTORY**

For each specified system applied for, list your work history to demonstrate your knowledge and experience in relation to that system. Please attach any supporting evidence or additional information.

relation to that system. Please attach any supporting evidence or additional information.		
System applied for	Experience	Year
1		
1		

#### **SECTION 9: CONDITIONS OF ACCEPTANCE AS AN IQP** The following conditions will apply: The (IQP) will notify the Central IQP Registration Panel in writing immediately when any circumstances arise 1. which would affect materially my ability to carry out the duties set out in the Building Act and amendments. 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, 2. maintenance and reporting of the relevant feature or system or for any good and proper reason. 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 3. respect to the use of IQP status. A due and fair process will be undertaken under the code of conduct. I acknowledge that I have read, understand and agree to the above conditions. I also declare that to my 4. 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.

Date

		IST

Full name

Signature

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)	_

# APPENDIX: REFEREE DECLARATION AND EVALUATION

(2 PER SPECIFIED SYSTEM)

REFEREE DECLARATION AND EVALUATION					
Comple	Completed peer assessment of (Print Name):				
Specifi	ed System type:				
Full nar	me of referee:				
•	I declare that I personally attest to the competer personal and independent evaluation of the indi	nce of the individual named above. This constitutes my vidual's competence in regard to the area of expertise.			
•	I am an individual of at least equivalent compete evaluation for a specific element my comments	ence. Where I consider I am unable to provide a valid are qualified accordingly.			
The na	ature and extent of my professional contact w	ith the individual in the last 2 years is as follows:			
I have	experience and qualifications in the following a	ıreas:			
Refere	es Signature:	Date:			
Contac	ct Number:	Email:			

REFER	REFEREE DECLARATION AND EVALUATION			
Completed peer assessment of (Print Name):				
Specifi	ed System type:			
Full nai	me 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 na	ature and extent of my professional contact w	ith the individual in the last 2 years is as follows:		
I have experience and qualifications in the following areas:				
Refere	es Signature:	Date:		
Contac	et Number:	Email:		