

Independent Qualified Person (IQP) – Registration Renewal Application

Section 438, Building Act 2004





If applying for additional specified systems, a new application for registration is required for the new systems applied for.

Office use only:	(PNCC) CB 01 02 4001 GL	(MDC) 41 02 01 6005 GL
Receipt No:		IQP No:

Application is for:	
<input type="checkbox"/> Inspection(s) only	<input type="checkbox"/> Inspection, maintenance and reporting procedures
<input type="checkbox"/> Employee	<input type="checkbox"/> Self-employed / independent

1. CONTACT DETAILS			
Applicant full name:			
Mailing address:			
Company name and phone number (if applicable):			
Phone numbers:	Landline:	Mobile:	Work:
Email address:			

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 listed below. Please submit applications to either council.	
 Palmerston North City Council Private Bag 11034 Manawatu Mail Centre Palmerston North 4442	 Manawatu District Council 135 Manchester Street Feilding 4702

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

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

3. Knowledge of Building Act and Building Code:

List all courses / seminars (including any in house) you have attended in the past 12 months 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
e.g. Building Act rules for IQPs		Compliance schedules, building warrants of fitness and 12As required by the Building Act 2004	In house	NZ	2017

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? Is so, please identify the equipment and include the current calibration certification.	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
e.g. Electrical registration	EST	12345	Mar 2015	Mar 2017

SECTION 6: Qualifications obtained since previous application (if applicable)

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

Qualification	Year

SECTION 7: Relevant work history since previous application (if applicable)

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.

System applied for	Experience	Year

SECTION 8: Conditions of acceptance as an IQP

Where PNCC & MDC approve an application for registration as an IQP, the following conditions will apply:

1.	The (IQP) will notify the Head of Building Services (Palmerston North City Council) 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.	PNCC / MDC 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.	PNCC / MDC 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 PNCC and MDC 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)

No.	Description	Tick	No.	Description	Tick
1.	Insurance certificates		4.	Work history / experience (additional information)	
2.	Qualifications		5.	Payment	
3.	Professional membership / licenses / registration				