

# Independent Qualified Person (IQP) Application for Registration

## Section 7, Building Act 2004

Return applications to: Wellington City Council, IQP Registrar, Building Compliance, PO Box 2199, Wellington 6140 or  
Email: [iqp@wcc.govt.nz](mailto:iqp@wcc.govt.nz)

<b>Fees: (2017/2018)</b> <ul style="list-style-type: none"> <li>\$163.50 – application fee</li> <li>\$77 per specified system (Fees will be invoiced with acceptance)</li> </ul>	<b>Important notes:</b> <ul style="list-style-type: none"> <li>Applications will be accepted from individuals only</li> <li>Registration is valid for 12 months from 30<sup>th</sup> November</li> <li>Application fee will be prorated if less than 9 months</li> <li>Applications may be considered for a specific part or a restricted part of a Specified System</li> </ul>
--	---

New application and number of specified systems \_\_\_\_\_ or  Additional specified systems requested \_\_\_\_\_ (IQP Number \_\_\_\_\_)

### 1. CONTACT DETAILS

<b>Applicant Full Name:</b> (person to contact):			
<b>Position Held:</b>			
<b>Mailing address:</b>			
<b>Phone numbers:</b>	Landline:	Mobile:	Work:
<b>Email address:</b>			
<b>Company name and phone number:</b>	Company Name:	Phone number:	

### 2. DETAILS OF INSURANCE

Please attach a copy of insurance certificate which you are covered by. Public/Broadform liability or Professional indemnity to be adequate for the level of work undertaken.

Type of cover	Amount	Insurer	Significant exclusions

### 3. QUALIFICATIONS

List your qualifications and attach copies of certificates. Please include details of any ongoing education, including recent professional courses you have attended.

Qualification	Length of qualification (years)	Brief outline of course	Education Provider	Country	Year
e.g. BE (Hons)	4 years	Mechanical	University of Auckland	New Zealand	1991

**4. SPECIFIED SYSTEMS (Building Act 2004) as outlined in the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005**

System Number	Specified System	Please tick	System Number	Specified System	Please tick
SS 1	Automatic systems for fire suppression	<input type="checkbox"/>	<b>SS12</b>	<b>Audio loops or other assistive listening systems</b>	
SS 2	Automatic or manual emergency warning systems	<input type="checkbox"/>	SS 12/1	Audio loops	<input type="checkbox"/>
<b>SS 3</b>	<b>Electromagnetic or automatic doors or windows:</b>		SS 12/2	FM radio-frequency systems and infrared beam transmission systems	<input type="checkbox"/>
SS 3/1	Automatic doors	<input type="checkbox"/>	<b>SS13</b>	<b>Smoke control systems:</b>	
SS 3/2	Access controlled doors	<input type="checkbox"/>	SS 13/1	Mechanical smoke control	<input type="checkbox"/>
SS 3/3	Interfaced fire or smoke doors or windows	<input type="checkbox"/>	SS 13/2	Natural smoke control	<input type="checkbox"/>
SS 4	Emergency lighting systems	<input type="checkbox"/>	SS 13/3	Smoke curtains	<input type="checkbox"/>
SS 5	Escape route pressurisation systems	<input type="checkbox"/>	<b>SS14</b>	<b>Emergency power systems for, or signs relating to, a specified system in any of specified systems 1 - 13</b>	
SS 6	Riser mains for use by fire services	<input type="checkbox"/>	SS 14/1	Emergency power systems	<input type="checkbox"/>
SS 7	Automatic backflow preventers connected to a potable water supply	<input type="checkbox"/>	SS 14/2	Signs	<input type="checkbox"/>
<b>SS 8</b>	<b>Lifts, escalators, travelators or other systems for moving people or goods within a building:</b>		<b>SS15</b>	<b>Other fire safety systems or features</b>	
SS 8/1	Passenger carrying lifts	<input type="checkbox"/>	SS 15/1	Systems for communicating spoken information intended to facilitate evacuation	<input type="checkbox"/>
SS 8/2	Service lifts	<input type="checkbox"/>	SS 15/2	Final exits	<input type="checkbox"/>
SS 8/3	Escalators and moving walks	<input type="checkbox"/>	SS 15/3	Fire separations	<input type="checkbox"/>
SS 9	Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	SS 15/4	Signs for communicating information to facilitate evacuation	<input type="checkbox"/>
SS 10	Building maintenance units	<input type="checkbox"/>	SS 15/5	Smoke separations	<input type="checkbox"/>
SS11	Laboratory fume cupboards	<input type="checkbox"/>	SS 16	Cable cars	<input type="checkbox"/>

### 5. IQP ASSESSMENT INFORMATION

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

1	Please describe your knowledge and experience of the Building Act in terms 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	Can you design or develop a solution in respect of defects found with a specified system that would prevent you signing a Form 12A. Please provide an example of a report or letter to the owner of the defects.		
4	Do you intend to participate in ongoing education or training in respect of compliance systems e.g. sprinkler forum?		
5	Please attach copies of supporting documents, for each specified systems, together with correct reference to relevant standards, frequency of inspections and technical documents against which the performance of the specified system would be checked. The procedures and check sheets must demonstrate that they meet the requirements of the Building Act 2004, Regulations, Building Code and Compliance Schedule Handbook.	<b>Copies attached</b>	
		<b>Yes</b>	<b>No</b>
	• form 12A (include company logo and contact details)		
	• Report/letter in lieu (include company logo and contact details)		
	• check sheets/inspection sheets (that list performance standards, frequency of inspections and instructions) for each specified system		
	• test certificates -backflow prevention (include company logo and contact details)		
6	Do you have access to the standards (hard copy or electronic)?		
7	Do you receive or have access to Ministry of Business, Innovation & Employment (formally Department of Building and Housing) for updates to the Building Act and Compliance Documents?		

### 6. KNOWLEDGE OF BUILDING ACT AND BUILDING 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. Please attach copies of certificates.

Course	Length of course	Brief outline of course	Education Provider	Country	Year
e.g. Building Act Rules for IQP's	½ day	Compliance schedules, building warrants of fitness and 12As required by the Building Act 2004	In-house, ABC Company Ltd	New Zealand	2010

### 7. PROFESSIONAL MEMBERSHIP/REGISTRATION/LICENCES

List all of your professional membership and any registration/licenses that you currently hold or have previously held. Please also indicate if your membership was terminated other than by the expiry of a term of membership. Please attach copies.

Institution/Organisation	Class	Still current? Yes/No	Membership/registration number	Year gained/joined	Expiry date
e.g. Electrical Registration	EST	Y	12345	2008	2015

## 8. REFEREES

List three referees or attach copies of recent references that are familiar with your profile and standard of performance and can provide comment as to whether you demonstrate competence for each specified system. One of your referees may be from your organisation. If you are registered within another Territorial Authority, please attach a copy of your IQP approval. Referees will be contacted during the processing of this application. By listing a referee or organisation, you are authorising Wellington City Council to contact that referee and obtain information about your suitability.

Referee Name	Address	Contact number	Email address	List specified system that is applicable

## 9. WORK HISTORY SUMMARY

Please list your work history or cv in chronological order with the most recent contract first. The information provided must demonstrate your knowledge and experience in respect of the relevant specified systems and Building Act. Please attach copies to support your application.

## 10. CHECKLIST

The following information is attached to this application.

No	Heading	Tick	No	Heading	Tick
2	Insurance certificate	<input type="checkbox"/>	7	Professional membership/registration/licences	<input type="checkbox"/>
3	Qualifications	<input type="checkbox"/>	8	Referees	<input type="checkbox"/>
5	IQP Assessment information	<input type="checkbox"/>	9	Work History	<input type="checkbox"/>
6	Knowledge of Building Act and Building Code	<input type="checkbox"/>	10	Payment attached	<input type="checkbox"/>

## 11. PRIVACY ACT DECLARATION

### Privacy Act 1993

1	I authorise Wellington City Council to collect, retain and use, personal information about me ("Information") for the purposes of assessing my acceptability as an IQP, and being appropriately qualified to undertake the inspection, maintenance and reporting of the feature or system for which acceptance is sought.
2	I understand I have the right under the Privacy Act 1993 to have access to my information where it can be readily retrieved and to request correction of my information, and to be informed of the action taken in response to any such request.

Name: (please print)

Signature:

Date:

## 12. CONDITIONS OF CONTINUED ACCEPTANCE AS AN INDEPENDENT QUALIFIED PERSON

Where Wellington Council approved an application for acceptance as an IQP, the following conditions will apply:

1	The (IQP) will notify the Chief Executive, Wellington City Council in writing immediately: <ul style="list-style-type: none"><li>Any circumstances that arise which would materially affect my ability to carry out the duties set out in the Building Act and amendments.</li></ul>
2	Wellington City Council reserves the right to withdraw the acceptance if notified, under clause 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	Wellington City reserves the right to suspend or withdraw the registration of any specified system during the period of acceptance if the Council becomes aware of negligence in respect to the use of IQP status. A due and fair process will be undertaken under the disciplinary code.
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 continued approval by Wellington City Council to accept me as an IQP and include my details on their IQP register.

Full Name:  
(please print)

Signature:

Date: