

# SOUTH ISLAND IQP REGISTRATION PANEL

(Independent Qualified Persons)

PO Box 522

Timaru 7940

Phone: 03 687 7200

Fax 03 687 7209

## Application for Acceptance as an Independent Qualified Person

(Section 7, Building Act 2004)

### PLEASE COMPLETE ALL SECTIONS

**Please note: Separate documentation for each specified system applied for**

South Island IQP Register  
C/O Building Advisory Services  
Timaru District Council  
PO Box 522  
Timaru 7940

IQP Secretary  
[iqpenquiry@timdc.govt.nz](mailto:iqpenquiry@timdc.govt.nz)  
Phone: 03 687 7200  
Fax: 03 687 7209  
[www.timaru.govt.nz](http://www.timaru.govt.nz)

Ashburton District Council  
Buller District Council  
Central Otago District Council  
Christchurch City Council  
Clutha District Council  
Dunedin City Council  
Gore District Council  
Grey District Council  
Hurunui District Council  
Invercargill City Council  
Kaikoura District Council

Mackenzie District Council  
Marlborough District Council  
Nelson City Council  
Queenstown Lakes District Council  
Selwyn District Council  
Southland District Council  
Tasman District Council  
Timaru District Council  
Waimakariri District Council  
Waimate District Council  
Waitaki District Council  
Westland District Council

Applicant Full Name:			
Company Name:			
Position Held:			
Mailing Address: (where the invoice & IQP certificate will be sent)			
Email Address:			
Phone Numbers:	Phone:	Mobile:	Fax:

<input type="checkbox"/>	New application	
<input type="checkbox"/>	Additional specified system to existing IQP status	IQP No:

## Section A:

- Please identify the systems or features for which acceptance as an Independent Qualified Person is applied for
- **You may apply for more than one specified systems however the documentation for each specified system must be standalone (i.e. Section B through to Section D must be completed for each specified system)**

SS1	Automatic systems for fire suppression
SS2	Automatic or manual emergency warning systems for fire or other dangers
SS3.1	Automatic Doors (sliding/ revolving/ panic)
SS3.2	Access Control Doors (swipe card/ key pad/ sensor/ delayed egress)
SS3.3	Interfaced Fire or Smoke Doors (electromagnetic doors holders)
SS4	Emergency lighting systems
SS5	Escape route pressurisation system
SS6	Riser main for use by fire services
SS7	Automatic back-flow preventer connected to a potable water supply
SS8	Lifts, escalators, travellers or other similar systems for moving people or goods within buildings
SS9	Mechanical ventilation or air conditioning systems
SS10	Building maintenance units for providing access to the exterior and interior walls of buildings
SS11	Laboratory fume cupboards
SS12	Audio Loops or other assistive listening systems
SS13.1	Smoke control systems – Mechanical Smoke Control
SS13.2	Smoke control systems – Natural Smoke Control
SS13.3	Smoke control systems – Smoke Curtains
SS14.1	Emergency power systems
SS14.2	Signs relating to, a system or feature specified in any of clauses 1 to 13
SS15(a)	Systems for communicating spoken information intended to facilitate evacuation
SS15(b)	Final exits (as defined by clause A2 of the building code)
SS15(c)	Fire Separations (as defined by clause A2 of the building code)
SS15(d)	Signs for communicating information intended to facilitate evacuation
SS15(e)	Smoke Separations (as defined by clause A2 of the building code)
SS16	Cable Cars

NB: If you are applying for any specified system 1 to 13, you may apply for SS14.2 signs – as they relate to the specified system that you are applying for.

Note: You will need to have a detailed knowledge of NZBC F8

**Section B: Qualifications & Experience** (Please refer to the First Schedule Requirements)

**Qualifications**

- List Current Specified Systems (if any) that you are approved for by the South Island IQP Register and the status of those systems e.g. Inspection only, Maintenance Inspection and Reporting.


- Please list below the qualifications and experience you hold that is applicable to **each** specified system or feature applied for. It is important to note that all applicants are assessed as to their competence in respect of each Specified System applied for.

List Qualifications that you hold in respect of each specified system applied for.

Qualifications	Date Qualification Awarded	Discipline	Education Provider	Country	Year
<i>eg Firetech Level 4</i>	<i>In years</i>	<i>As it relates to the system applied for</i>	<i>University/ Polytechnic etc</i>		

**Professional Memberships/Registration/Licenses**

- Please list any professional or licenses that you currently hold or have previously held. Certified copies of your membership/registration/license certificates must be provided with your application (please attach).

Institution/Organisation	Class	Still current Y/N	Membership/Registration Number	Year Gained/Joined	Expiry Date

**Work History Summary**

Provide details of recent work history including dates of employment.

Name of Organisation	Position Title	Date of Employment	Key Responsibilities, Activities Undertaken

**Section C:** Information used to verify compliance with Specified Systems.

- Identify the standards and or inspection procedures that you intend to use for each specified system that you have applied for. *NOTE: Refer to first schedule "Guidelines for minimum qualification and experience required for acceptance of independent qualified person status."*

Specified System	Relevant Standard/s	Inspection Sheet

**Attach evidence that you have access to each of the standards identified above. A photo copy of the front cover will suffice. Also attach copies of inspection/check sheets that you intend to use.**

### **IQP assessment information**

Demonstrate your understanding of the Building Act & Building Regulations as they relate to compliance schedules, Building Warrants of Fitness and IQP duties.

When answering these questions refer to the **Building Act 2004 sections 100-112**.  
<http://legislation.govt.nz/act/public/2004/0072/latest/DLM306036.html> and the  
Compliance schedule handbook available here <https://www.building.govt.nz/building-code-compliance/building-code-and-handbooks/compliance-schedule-handbook/>

#### **IQP ASSESSMENT INFORMATION**

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

1. a) Please describe your knowledge of the compliance schedule and building warrant of fitness process.

b) 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. When would it be appropriate to send in a report to support your 12a certificate?

4. In what circumstances would you consider change to a compliance schedules and specified systems?

**Section D: Supporting Statements:**

- Attach supporting technical references from individual, professional/technical institutes (a minimum of one written reference is required for **each systems or feature** applied for).
- Referees should be qualified in the discipline for which they are providing the reference. Referees may be contacted during the processing of the application.

**Referees:**

Name two referees who are familiar with your activities and can provide comments as to whether you demonstrate competence in elements of your relevant field. Referees must be independent. i.e. not personally related to you and not expected to gain materially if your assessment is successful. One of your referees may be from your organisation.

**Ideally one of your referees could be an IQP in the relevant field**

Tick the box to confirm

- Completed Referees Declaration and Evaluation Form 1 attached.

Referees Name:		Referees Name:	
Address:		Address:	
Telephone:		Telephone:	
Email Address:		Email Address:	
IQP No.		IQP No.	
Known registration and professional body membership:		Known registration and professional body membership:	

**Section E: Insurance**

Public Liability or Professional Indemnity Insurance held relative to the role of an Independent Qualified Person. **Please provide a copy of the certificate of cover.**

Type of Cover	Amount	Insurer	Exclusions

**QUALITY ASSURANCE**

Are you/your organisation accredited in a recognised quality standard e.g. ISO/IANZ. If so please provide a description and a copy.	Yes	No
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.	Yes	No
Is any measuring equipment you use regularly calibrated?  If so please identify the equipment and the process of how it is calibrated.	Yes	No

**Section F: Statement about Application**

I am applying for approval to be on the South Island IQP register.

I acknowledge that the South Island IQP registration panel may cancel my approval at anytime subject to their disciplinary procedures.

**I acknowledge that if my application is accepted my contact details will be on the IQP register which is available to the public.**

**I acknowledge that I will manage any potential conflict of interest.**

**If you intend supervising a person who is not a suitably registered IQP, please provide the following information:-**

- Records of how this supervision is achieved.

I certify that all information I have provided in this application is true and accurate.

Signature: ..... Date:.....

Send your completed application to the address set out below:

South Island IQP Register  
PO Box 522  
Timaru 7940

<b>Fees and Chargers for IQP Processing all inclusive of GST</b>	
Application – Individual (one system only)	\$280.00
Per each additional system	\$20.00
Annual Renewals	\$120.00

**Please note: Fees must be paid before an application can be processed and passed onto the panel for consideration. For payment options please see page 11**

The following information is attached to this application (tick in box)

- Evidence of current Professional membership .....
- Copies of Standards to be used .....
- Copies of Check Sheets .....
- Details of Insurance Cover .....
- Copy of Quality Assurance system .....
- Referees Declaration and Evaluation (Form 1) .....



# REFEREES DECLARATION AND EVALUATION

(Form 1)

Completed Peer assessment of:

.....  
Full Name 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 individuals competence in regard to the area of expertise.
- I am an individual of at least equivalent competence.

The nature and extent of my professional contact with the individual in the last five years is as follows:

.....  
.....  
.....  
.....  
.....

I have experience in the following areas:

.....  
.....  
.....  
.....

Referees Signature: ..... Date:.....

Referees Phone Number:.....

Referees e-mail: .....

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(Form 1)

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Full Name of referee:

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I have experience in the following areas:

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.....  
.....  
.....

Referees Signature: ..... Date:.....

Referees Phone Number:.....

Referees e-mail: .....

## PAYMENT OPTIONS

You can either pay by coming into the Timaru District Council, posting in a cheque or online

### Cheque Payments

IQP Secretary SI  
Timaru District Council  
PO Box 522  
Timaru 7940

### Online

When paying online please put **IQP Application Fee** in as reference and name of applicant

Account Details for Direct Credit Payment

Timaru District Council  
BNZ Timaru  
02-0888-0269159-00

(A Tax Invoice is also available if required)