



APPLICATION FOR RENEWAL AS AN INDEPENDENT QUALIFIED PERSON

Sections 103 and 438, Building Act 2004

IQP No.	
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APPLICANT DETAILS

Name: _____
e.g. Mr, Mrs, Ms

Company Address: _____

Mailing Address: _____

Contact: Daytime: _____ Mobile: _____
After Hours: _____ Fax: _____

Email Address: _____

PLEASE COMPLETE ALL SECTIONS

Section A: Systems

Please indicate the systems or features for which approval is sought.

- | | |
|---|--|
| <input type="checkbox"/> SS1 Automatic systems for fire suppression | <input type="checkbox"/> SS13/1 Mechanical smoke control |
| <input type="checkbox"/> SS2 Automatic or manual emergency warning systems | <input type="checkbox"/> SS13/2 Natural smoke control |
| <input type="checkbox"/> SS3/1 Automatic Doors | <input type="checkbox"/> SS13/3 Smoke curtains |
| <input type="checkbox"/> SS3/2 Access controlled doors | <input type="checkbox"/> SS14/1 Emergency power systems |
| <input type="checkbox"/> SS3/3 Interfaced fire or smoke doors or windows | <input type="checkbox"/> SS14/2 Signs |
| <input type="checkbox"/> SS4 Emergency lighting systems | <input type="checkbox"/> SS15/1 Systems for communicating spoken information intended to facilitate evacuation |
| <input type="checkbox"/> SS5 Escape route pressurisation systems | <input type="checkbox"/> SS15/2 Final exits |
| <input type="checkbox"/> SS6 Rise mains for use by fire service | <input type="checkbox"/> SS15/3 Fire separations |
| <input type="checkbox"/> SS7 Automatic backflow preventer | <input type="checkbox"/> SS15/4 Signs for communicating information intended evacuation; exit, directional and no exit |
| <input type="checkbox"/> SS8/1 Passenger carrying lifts | <input type="checkbox"/> SS15/5 Smoke separations |
| <input type="checkbox"/> SS8/2 Service lifts | <input type="checkbox"/> SS16 Cable cars |
| <input type="checkbox"/> SS8/3 Escalators and moving walks | |
| <input type="checkbox"/> SS9 Mechanical ventilation or air conditioning systems | |
| <input type="checkbox"/> SS10 Building maintenance units | |
| <input type="checkbox"/> SS11 Laboratory fume cupboards | |
| <input type="checkbox"/> SS12/1 Audio Loops | |
| <input type="checkbox"/> SS12/2 FM radio frequency systems and infrared beam transmission systems | |

Non Specified Systems

- Means of escape from fire
- Safety barriers
- Means of access and facilities for persons with disabilities
- Handheld hose reels for fire fighting
- Signs

Is the application for:

- Inspection Only
- Inspection, Maintenance and Reporting Procedures

Section B: Qualifications (Refer to First Schedule Requirements)

Please list any additional qualifications you may have achieved since your last application:

Qualification (attach photocopies of Certificates)	Date Received	Copy Enclosed

Supporting Statements

Please provide three supporting quality assurance statements completed in the 12 months prior to the anniversary renewal date (Attach details/copies eg. 12a Form, Verification Procedures, Testing Method).

Name and Address	System or Feature

Section C: Insurance

Details of current Indemnity Insurance (including any limitations or exclusions. Public liability needs to be equal to or more than \$2 million. Professional Indemnity needs to be adequate for the level of work undertaken).

- Copy attached

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Section D: Quality Assurance

1	Are you/your organisation accredited in a recognised quality standard eg. ISO/IANZ? (If so, please provide a description and a copy)	Yes	No
2	Does your organisation do peer review or design work for other organisations? (If yes, please provide supporting documents)	Yes	No
3	Are there any factors you are aware of that might affect your ability to continue practising competently over the next year? If so, please summarise below:	Yes	No
4	Is measuring equipment you use (as IQP) regularly calibrated?	Yes	No

Section E: Statement about IQP Renewal Application

- I am applying for approval by Tararua District Council to accept me as an IQP and include me on their IQP list. I understand that Council may cancel my approval at any time, subject to written information.
- I certify that all information on this application form and in my portfolio of evidence is true and accurate.

Signed: _____ **Date:** _____

Send your completed renewal application to the Tararua District Council at the address below:

PO Box 115
Dannevirke 4942
Tararua

OFFICE USE ONLY	
Date Paid: _____	Receipt Number: _____

FIRST SCHEDULE

GUIDELINES FOR MINIMUM QUALIFICATIONS AND EXPERIENCE REQUIRED FOR ACCEPTANCE AS AN INDEPENDENT QUALIFIED PERSON

Evidence of a working knowledge and/or experience **MUST** accompany each application and be completed in Section B of the Application Form.

SS1	Fire Suppression Systems	Registered Fire Engineer; or Evidence of 5 years experience as a Sprinkler Systems Technician with a sound knowledge of NZS4541 or 4515
SS2	Emergency Warning Systems	Registered Electrician with a sound knowledge of NZS4512; or Evidence of 5 years experience as a fire alarm systems installation technician with an electrical qualification
SS3	Automatic Fire Doors	Evidence of suitable experience as an installation technician with a sound knowledge of NZS4232
SS4	Emergency Lighting System	Registered Electrician with a sound knowledge of NZS6104 and AS/NZS2293.3; or Evidence of 5 years experience as a fire alarm systems installation technician with an electrical qualification and a sound knowledge of NZS6104 and AS/NZ2293.3
SS5	Escape Route Pressurisation System	Registered Fire Engineer; or Evidence of suitable qualification or 5 years experience as an installation technician with a sound knowledge of AS1851
SS6	Riser Mains	Registered Fire Engineer; or Evidence of suitable qualification or 5 years experience as an installation technician or other appropriate experience with a sound knowledge of NZS4510
SS7	Automatic Backflow Prevention Devices	Certified Plumber with a sound knowledge of AS/NZS2845 and/or AS/NZ3500
SS8	Lifts, Escalators, Travelators	Registered Mechanical Engineer; or Evidence of suitable qualification and 5 years experience as an installation technician with a sound knowledge of NZS4332
SS9	Mechanical Ventilation/Air Conditioning	Registered Mechanical Engineer (HVAC); or Evidence of suitable qualification and 5 years experience as an installation technician with a sound knowledge of NZS4302

SS10	Building Maintenance Units	Registered Structural or Mechanical Engineer; or Evidence of suitable qualification and 5 years experience as an installation technician
SS11	Laboratory Fume Cupboards	Mechanical Engineer; or Evidence of suitable qualification and 5 years experience as an installation technician with a sound knowledge of AS/NZS2243.8
SS12	Audio Loops or other assistive listening systems	Evidence of suitable qualification and 5 years experience as an installation technician with a sound knowledge of AS/NZS2243.8
SS13	Smoke Control System	Registered Fire Engineer; or Evidence of suitable qualification and 5 years experience as an installation technician with a sound knowledge of AS/NZS1668
SS14	Emergency Power Systems	Registered Electrician with a sound knowledge of NZS6104
SS15	Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems of features specified in clauses 1-6, 9 and 13	
SS15/1	Spoken Communication System	Registered Electrician with a sound knowledge of NZS4512; or Evidence of 5 years experience as a fire alarm systems installation technician with an electrical qualification
SS15/2	Final Exits	Registered Fire Engineer; or Evidence of 3 years experience in this area
SS15/3	Fire Separations	Registered Fire Engineer; or Evidence of 3 years experience in this area
SS15/4	Signs for Evacuations	Evidence of 3 years experience in this area
SS15/5	Smoke Separations	Registered Fire Engineer; or Evidence of 3 years experience in this area
	Means of Escape from Fire	Registered Fire Engineer; or Evidence of 3 years experience in this area
	Safety Barriers	Registered Structural Engineer; or Evidence of 3 years experience in this area
	Disabled Persons Access and Facilities	Barrier Free Auditor; or Evidence of 3 years experience in this area and a sound knowledge of NZS4121
	Fire Hose Reels	Registered Fire Engineer; or Evidence of 3 years experience in this area and a sound knowledge of NZS4503 or AS/NZS1221
	Signs	Evidence of 3 years experience in this area