

Waikato Building Consent Group

Working together

Building Control – IQP Renewal Application for Acceptance as an Independent Qualified Person (IQP) (Form 1)

Cost: \$100

1. APPLICANT DETAILS

IQP Approval Number **110**/_____/_____

Full Name

Company

Position

2. CONTACT DETAILS

Home Address

Address _____

Postcode _____

Telephone _____

Email _____

Business Address

Address _____

Postcode _____

Telephone _____

Email _____

Preferred mailing address

Home

Business

Address to be shown on register(s) if authorised

Home

Business

3. DETAILS OF INDEMNITY INSURANCE (Including any limitations or exclusions. Public Liability needs to be equal to or more than \$2m, Professional Indemnity needs to be adequate for the level of work undertaken) ***Please attach a copy and brief description below.**

4. STATEMENTS Please provide three supporting quality assurance statements completed in the 12 months prior to the anniversary renewal date. Attach details / copies, for example, 12A Form, Verification Procedures, Testing Methods

1)	
2)	
3)	

5. QUALITY ASSURANCE

5.1	Are you/your organisation accredited in a recognised quality standard eg: ISO/IANZ If so please provide a description and a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Does your organisation do peer review or design work for other organisations? (If yes, please explain process you use for peer review and supporting documents)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	If yes to Q 4.16, are any of these organisations building consent authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	Is any measuring equipment you use regularly calibrated? (If yes, please explain the process you use and include description of equipment, how it is calibrated and any supporting documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. APPLICATION DECLARATION

<input type="checkbox"/>	I am applying for approval by Waikato Building Consent Group to accept me as an IQP and include me on their IQP list. I understand that Waikato Building Consent Group may cancel my approval at any time, subject to written notification
<input type="checkbox"/>	I certify that all information on this application form and in my portfolio of evidence is true and accurate.

Signature _____ Date _____

Please send your completed application and proof of payment to the following email: applications@buildwaikato.co.nz

Please submit your online payment of \$100.00 to:
Local Authority Shared Services Limited
02 0316 0158293 00
Ref: registration number Code: IQP Particular: Surname

Alternatively you can send in your completed paper application and payment to the address below:
Applications Build Waikato C/- Waikato LASS
PO BOX 1198,
Cambridge, 3450

OFFICE USE ONLY :

Date Paid: Receipt Number: