

# Waikato Building Consent Group

Working together



## Building Control – Renewal of individual for acceptance to issue producer statements

Cost: \$100

### Important privacy information

The personal information that you provide in this form will be held and protected by Waikato Local Authority Shared Services in accordance with our Privacy Statement (available at [www.gets.govt.nz/WLASS/GetPrivacyStatement.htm](http://www.gets.govt.nz/WLASS/GetPrivacyStatement.htm)) and with the Privacy Act 1993. The Privacy Statement explains how we can use and share your personal information in relation to any interaction you have with Councils, and how you can access and correct that information. You should familiarise yourself with this Statement before submitting this form.

### 1. Applicant Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Registration # \_\_\_\_\_

Home Address		Business Address	
Address:		Company:	
		Position:	
		Address:	
Telephone:		Telephone:	
Email:		Email:	
Address you would prefer your mail to go to		Home	<input type="checkbox"/>
		Business	<input type="checkbox"/>
Contact details to be shown on any public register(s)		Home	<input type="checkbox"/>
Business			<input type="checkbox"/>

### 2. Insurance Details

Please include a copy of your current insurance cover.

Copy Attached

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### 3. Quality Assurance

Please list any changes since your last application (if applicable), i.e. any changes to your accreditation in a recognised quality standard such as ISO/IANZ, or recent calibration of equipment.

Copy Attached

### 4. Qualifications

Please list any training you may have completed since your last application (if applicable)

Copy Attached

Qualification	Length of Qualification (years)	Discipline	Education Provider	Country	Year
<i>e.g. BE (Hons)</i>	<i>4 Years</i>	<i>Structural</i>	<i>Auckland University</i>	<i>New Zealand</i>	<i>1991</i>

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## 5. Professional Memberships/Registration/License/Accreditation

Please list any professional memberships or licenses acquired since your last application (if applicable)

Copy Attached

Institution / Organisation	Class	Still current? Y/N	Membership / Registration Number	Year Gained / joined	Expiry Date
<i>e.g. Master Plumber</i>		Y	12345	2008	2009

## 6. Recent Work

Please provide three examples of work completed in the 12 months prior to the anniversary renewal date. Please include copies of producer statements provided.

Copies Attached

1).

2).

3).

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## 7. Further Information

Are there any factors you are aware of that might affect your ability to continue practising competently over the next year, or any other details which might be relevant to your application? If yes, please summarise below:

### Statement about application

I am applying for approval by Waikato Building Consent Group to accept my producer statements. I understand that Waikato Building Consent Group may cancel my approval at any time, subject to written notification.

I certify that all information on this application form and in my portfolio of evidence is true and accurate.

I authorise my contact details and information relating to the scope of works for which I have been approved to be displayed on the public register(s).

I will not carry out any work that is beyond my scope or level of competence. I agree not to complete producer statements for any work outside my scope of work determined by the Waikato Building Consent Group.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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