

**For Office Use:**

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

## 1. APPLICANT DETAILS

IQP Approval Number 110/\_\_\_\_/\_\_\_\_

First Name

Last Name

Company

Position

## 2. CONTACT DETAILS

### Home Address

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Preferred mailing address

Address to be shown on register(s) if authorised

### Business Address

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Home

Business

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

a)
b)
c)

**5. QUALITY ASSURANCE**

<p><b>5.1</b> Are you/your organisation accredited in a recognised quality standard eg: ISO/IANZ If so please provide a description and a copy</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5.2</b> 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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5.3</b> If yes to Q 4.16, are any of these organisations building consent authorities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5.4</b> 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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. APPLICATION DECLARATION

<input type="checkbox"/>	I am applying for approval by Hamilton City 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 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 to

Chris Krystman  
Building Control Unit  
Hamilton City Council  
Private Bag 3010  
Hamilton 3240

Phone: 07 838 6809  
Fax: 07 838 6445  
Email: [chris.krystman@hcc.govt.nz](mailto:chris.krystman@hcc.govt.nz)