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| **Application for Reassessment**  **Building Consent Authority Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **Details of BCA applying**  **1 Applicant**  (please note here if the name of your BCA requires updating to include Maori macrons). |  |
| **2 Accreditation Number** |  |
| **3 Postal Address**  (please note here if the address of your BCA requires updating to include Maori macrons). |  |
| **4 Physical Location**  Street address of the primary location of the organisation to be assessed e.g. head office.  Please also provide addresses for any service centres operated and a list of activities undertaken at each centre. |  |
| **5 Telephone** | Telephone |
| **6 Website address (URL)** |  |
| **7 Applicant Ownership Details** |  |
| **8 New Zealand Business Number (NZBN)** |  |
| **9 Legal Status**  *(e.g. limited liability company, partnership etc.)* |  |
| **10 Email Invoice address**  Email address to which invoices are to be sent |  |
| **11 Purchase Order Number**  Please provide prior to the assessment if one is required by your organisation to pay invoices relating this assessment |  |
| **12 Chief Executive Officer** | Name  Email |
| **13 Authorised Representative**  Name and details of the person who is the formal contact between IANZ and the BCA. | Name  Job Title  Email  DDI  Mobile |
| **14 Responsible Manager**  Name and details of the person is nominated as the “Responsible manager” as required by the MBIE guidance | Name  Job Title  Email |
| **15 Quality Manager(s)**  Name and details of the person(s) who has primary responsibility for management of the Quality System. | Name  Job Title  Email |
| **16 Commitment to meeting accreditation requirements**  We commit to continuing to meet the requirements for accreditation as set out in the IANZ criteria documents and the MBIE Guidance document:  We undertake to ensure that our operations, staff, facilities, and procedures will continue to fulfil the general criteria for accreditation and relevant specific criteria for accreditation.  We undertake to immediately notify IANZ and MBIE of any significant changes in operations, facilities, procedures or staff, which are likely to affect our accreditation or the terms in which the accreditation is expressed.  We undertake to use the IANZ Accredited Building Consent Authority accreditation symbol only in a manner which is in compliance with IANZ requirements.  We undertake to allow IANZ reasonable access to our operations, facilities and procedures, for the purpose of surveillance, routine and special assessments from time to time.  We undertake to pay all fees outlined in Regulation relating to such assessments.  We agree to supply any information needed for the assessment of the organisation.  *Signed for and on behalf of the Building Consent Authority:*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** |  | **Signature** |  | **Date** |  |   *(This authorisation shall be made by appropriate senior management)* | | |
| **17 Notes for Applicants**  **Criteria and Rules**  Before lodging a formal Application for Reassessment, organisations should ensure that their systems, procedures and facilities continue to meet the Building (Accreditation of Building Consent Authorities) Regulations 2006 and all IANZ accreditation criteria and conditions for accreditation. This should include a full review of the BCA’s procedures against the requirements outlined in the MBIE Guidance document.  **Fees**  Fees are defined in the Building (Accreditation of Building Consent Authorities) Regulations 2006.  **Accreditation Questionnaire**  An Application for Reassessment should be accompanied by a completed Building Consent Authority - Accreditation Questionnaire and the supporting information requested therein. This information is used in the planning of your organisation's reassessment and in the briefing of the assessment team.  **Please return this form and associated documentation to the nominated Lead Assessor (as per the notification letter) for your assessment.** | | |