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| **APPLICATION FOR ACCREDITATION**  **Building Consent Authority Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Applicant Organisation**  Name/Division/Section, etc. |  | |
| Organisation/Division name EXACTLY as it is to appear on your Certificate of Accreditation. (Upper/lower case, NZ or New Zealand, Ltd or Limited, etc.). If your organisation name is "John Smith & Associates" or similar, please underline or highlight the name against which you wish to be alphabetically indexed (e.g. John Smith or John Smith). | | |
| **2 Postal Address**  Organisation/Division/Section seeking accreditation. |  |
| **3 Physical Location**  Street address of primary location of the organisation to be assessed e.g. head office. |  |
| **3a Physical Location**  Street address(es) of additional sites (if more than the one noted above) to be covered by the scope of accreditation.  *(These could be listed separately and provided as an attachment.)* |  |
| **4 Telephone**  Organisation seeking accreditation. | Telephone: |
| **5 Website address (URL)** |  |
| **6 Applicant Ownership Details** |  |
| **7 New Zealand Business Number (NZBN)** |  |
| **8 Legal Status**  (e.g. limited liability company, partnership, local authority, etc.) |  |
| **9 Email invoice address**  Email address to which invoices are to be sent |  |
| **11 Purchase Order Number**  Please provide prior to the assessment if is required by  your organisation to pay invoices relating this assessment |  |
| **10 Details of person who authorised application (IANZ Authorised Representative)**  Name and title of the person who authorised this application. This person is also known as the IANZ Authorised Representative (see note 3) and will be IANZ's primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment.  In signing this application, the organisation undertakes to allow IANZ reasonable access to its premises, operations, facilities and procedures for the purpose of assessment and subsequent review and reassessment activity. It undertakes to pay all prescribed fees associated with these assessments.  The organisation agrees to comply with the requirements for accreditation and to supply any information needed for the assessment. | Name  Title  email  DDI  Mobile  Signature | |
| **11 Details of person responsible for application (On-site Contact Person)**  Name and title of the person responsible for completing this application (see note 4). | Name  Title  email  Signature | |
| **12 Details of Chief Executive Officer of the Organisation** | Name  Title  email | |
| **13 Date of Application** |  | |
| **14 Information required for purposes of assessing organisation against regulations:** | | |
| Please state the scope of accreditation for which the organisation is applying *(to be answered only by organisations that are not territorial or regional authorities).* |  | |
| Please state which of the following are the primary areas of building control function work done by the organisation | Residential  Commercial  Industrial  Dams | |
| Please state any changes in the following areas of building control function in the 24 months immediately prior to applying (provide as an attachment, if necessary). | Residential  Commercial  Industrial  Dams | |
| Please state approximately how many of the following the organisation issues or performs annually. | **Building Consents**  Residential  Commercial  Industrial  Dams | |
|  | Inspections  Notices to Fix  Code Compliance Certificates  Compliance Schedules | |
| Please state approximately how many of the following the organisation issues or performs annually |  | |
|  | **Full Time Equivalents**  Consenting  Inspections  Administration  **Vacancies**  Consenting  Inspections  Administration | |
| Please state the number of employees directly involved in building control function work |  | |
| Please state the following information for every contractor and technical consultant directly involved in building control function work (provide as an attachment, if necessary). | Name:  Function or role:  Contact details: | |
| Please state the following information about the equipment the organisation has for building control function work (provide as an attachment, if necessary). | Name: (i.e. description, make, model, range, unique identifiers)  Quantity:  Other relevant information (e.g. calibration status): | |
| Please attach one copy of a **list** of building consents, code compliance certificates and notices to fix issued by the organisation in the 12 months prior to applying. | The list must include, at least, the following information  property address; and  consent number; and  description of work; and  total value of work | |
| Please attach one copy of the organisation’s current organisational chart showing relevant delegations and authorities (include delegations to external persons where relevant). |  | |
| Please attach one copy of the organisation’s policies and procedures on building control function work. |  | |
| Please attach one copy of the following documents as they relate to the organisation’s building control function work | technical skills matrices for employees and contractors  current employee training records and plans  continuing employee training records and plans  typical examples of written and/or electronic contracts for performing building control function work  results of previous accreditation assessments (if any) | |

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| **15 Notes for Applicants**   1. **Criteria and Rules**   Before lodging a formal Application for Accreditation, organisations should ensure that their systems, procedures and facilities comply with all accreditation regulations. They should also ensure that they are familiar with accreditation criteria as set out in the publication, Procedures and Conditions of Building Consent Authority Accreditation and the MBIE Guidance Document.   1. **Accreditation Questionnaire**   An Application for Accreditation should be accompanied by a completed Building Consent Authority - Accreditation Questionnaire and the supporting information requested therin. This information is used in the planning of your organisation's assessment and in the briefing of the assessment team.   1. **Authorised Representative**   Each applicant organisation needs to appoint a person to be IANZ's point of contact for all matters relating to its application. This person is referred to by IANZ as the "Authorised Representative". The Authorised Representative needs to be a senior staff member who has sufficient authority to ensure that the applicant organisation is prepared for assessment and that, following accreditation, the organisation continues to comply with the accreditation criteria.   1. **Responsible Person**   This person may be the same as the person who authorised the application. Where the two are different people it is generally expected that the responsible person will be the on-site contact.  **5. For new clients**  If you are a new client for IANZ you need to compete an [Application for Credit Terms](https://assets.website-files.com/5e447d8550a99c8326ee5ae6/5ebdd24e2b3f3741bbfd5151_Application%20for%20Credit%20Terms.docx), also available from our website |
| **Please return your application and associated documentation to:**  International Accreditation New Zealand  Private Bag 28908, Remuera, Auckland 1541  Building 7, Central Park, 660-670 South Road, Ellerslie 1051  Telephone (09) 525 6655, Facsimile (09) 525 2266  NZBN: 9429046194077  **Attention:** Adrienne Woollard |