

# Producer statement: application seeking approval to perform high-risk work

All sections of this form must be completed – applicants should allow (20) working days for this process to be completed

## APPLICANT DETAILS *(please print)*

Applicant's full name:	<input type="text"/>		
Council authorship number:	<input type="text"/>	Year first registered as PS author:	<input type="text"/>
CPEng No:	<input type="text"/>	Year first registered as CPEng:	<input type="text"/>
Company's full name:	<input type="text"/>		
Company's postal address:	<input type="text"/>		Postcode: <input type="text"/>
Company's physical address:	<input type="text"/>		Postcode: <input type="text"/>
Work No:	<input type="text"/>	Mobile No:	<input type="text"/>
Work email:	<input type="text"/>		

## TYPE OF PRODUCER STATEMENT

<input type="checkbox"/> Design (PS1)	<input type="text"/>
<input type="checkbox"/> Design review (PS2)	<input type="text"/>
<input type="checkbox"/> Construction review (PS4)	<input type="text"/>

## CODE CLAUSES *(what code clauses are you seeking approval for?)*

<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5	<input type="checkbox"/> C6	<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> E1
<input type="checkbox"/> E2	<input type="checkbox"/> E3	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5	<input type="checkbox"/> F6	<input type="checkbox"/> F7	<input type="checkbox"/> F8
<input type="checkbox"/> F9	<input type="checkbox"/> G1	<input type="checkbox"/> G2	<input type="checkbox"/> G3	<input type="checkbox"/> G4	<input type="checkbox"/> G5	<input type="checkbox"/> G6	<input type="checkbox"/> G7	<input type="checkbox"/> G8	<input type="checkbox"/> G9
<input type="checkbox"/> G10	<input type="checkbox"/> G11	<input type="checkbox"/> G12	<input type="checkbox"/> G13	<input type="checkbox"/> G14	<input type="checkbox"/> G15	<input type="checkbox"/> H1			

## INSURANCE *(please specify the maximum value of building work you intend to certify)*

<input type="checkbox"/> Project value over \$1,000,000 but less than \$5,000,000	<input type="checkbox"/> Project value over \$5,000,000
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## APPROVAL TYPE

<input type="checkbox"/> One-off project	<input type="checkbox"/> Multiple projects
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## INSURANCE DETAILS *(please provide a copy of professional indemnity and public liability insurance policy documents held by you or your company to cover high-risk project)*

Insurance Provider:	<input type="text"/>		
Professional indemnity insurance:	\$ <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>
Public liability insurance:	\$ <input type="text"/>	From: <input type="text"/>	To: <input type="text"/>

## EVIDENCE PROVIDED TO SUPPORT APPLICATION

- CV
- Qualifications
- Provide details of your role in at least 4 high risk applications including design brief for each project
- Certificate confirming current insurance policy held for professional indemnity to cover high-risk project
- Quality Assurance System (third party certification), if no third party certification please provide a copy of your in-house QMS system along with a recent copy of a project specific quality plan (must contain elements of design inputs, verification, validation and outputs)
- Technical referees (3) minimum (independent)

## PRIVACY ACT 1993

I hereby confirm and acknowledge that:

- Council is authorised by me to collect, retain and use, personal information about me ("Information") for the purposes of assessing my suitability as an author of high-risk producer statements for the project nominated in this application form
- I understand that in the event that the information provided to Council is unsatisfactory, that my application may be declined
- I understand that the information will be retained by and is accessible to Council employees or other persons engaged by the Council
- I understand that I have rights under the Privacy Act 1993 to have access to any information held, where it can be readily retrieved and to request correction of that information

## CONDITIONS OF ACCEPTANCE

I confirm that I have read and agree to the conditions of acceptance contained within the Auckland Council Producer Statement policy, including but not limited to the requirement to:

- Maintain my professional development
- Maintain agreed levels of insurance and provide evidence
- Disclose any conflicts of interest that may arise in the course of this project; and
- Work within the scope of my approval

**Note:** Auckland Council Producer Statement policy is available online

## DECLARATION

I declare this information is correct and have read, understand and accept the statements made on this form in relation to my rights under the Privacy Act 1993.

Full name:

Signature:

Date:

**COUNCIL USE ONLY**

Technical reviewers name & signature:

Date:

Decision:

Applicant has supplied all necessary documentation as per Council Policy AC2301

YES /  NO

Outcome:

Approved /  Declined (list reasons)

Reasons for decision:

QAA name & signature:

Date:

Decision:

Applicant has supplied all necessary documentation as per Council Policy AC2301

YES /  NO

Outcome:

Approved /  Declined (list reasons)

Reasons for decision:

Policy representative name & signature:

Date:

Decision:

Applicant has supplied all necessary documentation as per Council Policy AC2301

YES /  NO

Outcome:

Approved /  Declined (list reasons)

Reasons for decision: