

## Independently Qualified Pool Inspector Public Register – Company Renewal Form

This application form is for Independently Qualified Pool Inspectors wishing to remain on the pool inspector public register. **If you do not complete the renewal form before the expiry of your current registration the Registrar may assume you are no longer carrying on business as an Independently Qualified Pool Inspector and amend the register accordingly.**

To apply to remain a registered Independently Qualified Pool Inspector, please:

1. complete this application form;
2. provide us with at least two examples of inspections you have carried out in the last 12 months; and
3. **send us your completed form** by email to: [poolinspectors@mbie.govt.nz](mailto:poolinspectors@mbie.govt.nz)

The fee for the renewal of your registration is $345.00 (inclusive of GST). We will invoice you for payment of the fee on receipt of your completed application (please do **not** send a cheque with your application). Payment of the fee is required before your renewal can be assessed and your registration authorised.

Please complete the form using BLOCK CAPITALS in a black or blue pen. **All \* items are mandatory.**

|  |  |  |
| --- | --- | --- |
| Registration details | | |
| **\*Trading Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Name of the company or trading name of the business** | |
| **\*Pool Inspector Registration Number:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | **Found on issued certificate e.g. PI0123** |

**\*Check if your details on the register have not changed:**  **complete pages 3-4 of this form if your details have changed**

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| Inspection summary | |
| **\*How many inspections have you completed within the past 12 months?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please provide with this form at least two reports from inspections you have completed within the past 12 months.

**Note: the Registrar reserves the right to require further example of inspections.**

**\*Declaration:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I (full name of Person)** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **have authority to and declare that** | |
| **(company name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **meets the requirements set by the Ministry of** | | | |
| **Business, Innovation and Employment for registration and that the information supplied above is true and correct.** | | | | | | | |
| **\*Authorised Persons Signature:** | | |  | | **\*Date Signed:** | | \_\_\_\_\_\_\_\_ |
| MBIE requirements of registration | | | | | | | |

**To renew your registration as an independently qualified pool inspector (pool inspector) you — or your workers — must have:**

* carried out compliance inspections in the previous 12 months;
* kept detailed records of each inspection; and
* provided us with an inspection summary.

**You — or your workers — must still not:**

* be an undischarged bankrupt;
* be prohibited from being a director, or being concerned or taking part in the management of a business; nor
* have been convicted of an offence under the Building Act or another relevant Act.

**If you meet the above requirements, then you must:**

* pay the renewal fee of $345 (incl. GST);
* agree to:
  + take part in our re-assessment process, if necessary
  + provide us with further records of pool barrier inspections undertaken as an IQPI, as required
  + attend any training that we ask you to undertake while registered as an IQPI
  + notify us within 10 working days if your circumstances change and you no longer meet the requirements for registration, or if your contact details change.

**Please complete the relevant fields on the following two pages if any of your details have *changed* in the past 12 months.**

|  |  |
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| Company Details | |
| **Company Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Name of the company or trading name of the Pool Barrier Inspector business** |
| **Trading Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Trading name of the company if different from the Company Name** |
| **Principal Place of Business** (Must be in New Zealand) | |
| **Street Number & Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Suburb:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **City:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Postal Address** (If different from above) | |
| **Street/PO Box/Pvt Bag:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Suburb:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **City:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Pool Inspector Public Register Details | |
| **In addition to your company name and principal place of business, the following details will display on the public register.** | |
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| **Address for ServiceThe Address for Service must be a New Zealand street address (PO Box, Private Bag, Document Exchanges or Rural delivery address are not acceptable)** | |
| **Street Number and Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Suburb:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **City:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Business Phone Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Business Email Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Regional locations covered:** | **Northland** | **Auckland** |
|  | **Waikato** | **Bay of Plenty** |
|  | **Gisborne** | **Hawkes Bay** |
|  | **Taranaki** | **Manawatu / Wanganui** |
|  | **Wellington** | **Nelson / Tasman** |
|  | **Marlborough** | **West Coast** |
|  | **Canterbury** | **Otago** |
|  | **Southland** |  |

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| Application Contact | |
| **Name of Application Contact**: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mobile Phone Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |