

**NOTE** COMPLETION OF THIS FORM

This **SPRINKLER CONTRACTOR CERTIFICATION FORM 7** is to be completed and signed by the Sprinkler Contractor.

**Please Note**

- **It is essential you complete this application form electronically.**  
Data extraction programming is used, hence handwritten notes, scanned documents and/or jpgs only hampers the process.
- Ensure that all relevant sections are completed and that all requested information and attachments are provided.
- Attach additional sheets and certificates as necessary.

This application form is for use by new contractors seeking initial listing and for listed contractors applying for biennial relisting. The listing application will be assessed by a panel with representatives from SSC's. This application will be reviewed by the SSC and/or its nominated agent.

When applying for relisting and there is no change in the scope of work that the contractor intends to carry out, the relisting application shall: *Actioned*

- |   |  |   |
|---|--|---|
| 1 | Complete the check list and all required sections of the application                                   | 1 |
| 2 | Document any changes in key personnel identified in the previous listing application                   | 2 |
| 3 | Provide an abridged CV, along with a continuing education activity log for all nominated key personnel | 3 |
| 4 | Document any changes in changes of locations and related administrative details                        | 4 |
| 5 | Provide activity logs for work undertaken since the previous listing application.                      | 5 |

When completed please email all applications to: [fpanz@fireprotection.org.nz](mailto:fpanz@fireprotection.org.nz) ATTN: Executive Director.

**Initial Listing**

Applications for initial listing and for extensions to scope will require sufficient evidence of competency for each element within each new scope of listing. ■ For new listings, a face to face interview will be required, and if considered necessary, on-site assessments. ■ Interviews or assessments may be necessary for extensions to scope on an as required basis, as determined by the listing panel. In such cases, the disbursements involved in arranging such interviews or assessments will be invoiced in addition to the standard listing fee. ■

**Provisional Listing**

Provisional listing will provide a contractor the ability to gain and demonstrate competency in a field that they have not been previously approved to operate in, where ISO Quality Accreditation is being processed, or where an extension to scope is outside their current ISO Quality Accreditation. ■ Indicate a request for provisional listing with each relevant scope of work. Provisional listing should only be requested if there is an intention to work in this area in the foreseeable future. ■ Provisional listing can be given later to extend a scope of work in the future when the need arises, and where a contractor can demonstrate adequate expertise for the work involved. ■

**SECTION 1 CONTRACTOR DETAILS** All fields in this section are mandatory

Legal Company Name	<input type="text"/>	Trading as	<input type="text"/>
Head Office Postal Address	<input type="text"/>	Head Office Physical Address	<input type="text"/>
Directors	<input type="text"/>		
Management Representative	Name <input type="text"/>	Tel	<input type="text"/>
	Email <input type="text"/>	Fax	<input type="text"/>

Office Identification & Contacts

Office Location(s)	Local Management Representative(s)			
Town/City	Contact Name	Telephone	Mobile	Email

**SECTION 2 SCOPE OF LISTING**

- New Listing
- Extension to Existing Scope of Listing
- Reapplication for Listing.

- Provisional listing (all or part)

Tick the Scope of Listing being applied for: A  
 and *if provisional*, tick column annotated: P

System Type	1. Testing & Maintenance		2. Pipe Fabrication		3. Design Project Management		4. Installation		5. Design		6. Inspection Survey	
	A	P	A	P	A	P	A	P	A	P	A	P
(a) Residential fire sprinkler systems												
(b) Conventional wet systems												
(c) Dry pipe sprinkler systems												
(d) Control mode specific application sprinkler systems												
(e) Suppression mode systems												
(f) Foam enhanced systems												
(g) Antifreeze enhanced sprinkler systems												
(h) Deluge and pre-action sprinkler systems												

**SECTION 3 RESPONSIBLE PERSONS**

1. Where relevant, complete one page for each branch.
2. Identify the persons who have been assigned responsibility for project management, design, testing and maintenance, biennial inspection, fabrication and installation.
3. Identify the individual's responsibilities. e.g. designer, design manager, tester, testing/service managers, site supervisors/charge hands etc.
4. If a function is carried out by a subcontractor identify this with a "C" against their name and advise their scope of listing. (e.g. *contract designers and the scope of work they are listed to design for.*) Where contractors are used in place of staff then a letter from that contractor must be provided to confirm they are contracted to provide those services.
5. Where an individual is not located in the branch office being considered identify the location of the office they work from in the right hand column.
6. Please attach an abbreviated curriculum vitae for each person listed, this includes subcontractors where used.

Branch	
Name	Responsibilities/Subcontractor, Scope of Listing etc. <span style="float: right;"><i>Tick if Documents attached</i></span>
Testing & Maintenance Technicians	<input type="checkbox"/>
Fabrication & Installation Fitters	<input type="checkbox"/>
Project Managers	<input type="checkbox"/>
System Installers	<input type="checkbox"/>
Designers	<input type="checkbox"/>
Biennial Inspection Technicians	<input type="checkbox"/>
Other Office Location	

SECTION 4 ACTIVITY LOG

List either:

- A representative sample of 20 contracts you have submitted Design Parameters to Aon in the last two year period, or
- All the contracts you have submitted Design Parameters to Aon in the last two year period, *whichever is the lesser.*

Aon Reference	Site Name & Address	System Type & Status of Compliance

**SECTION 5 CODE OF CONDUCT & AGREEMENT**

In submitting this application for sprinkler contractor listing,

Company Name

Agrees to

1. Cooperate and make available all required information to Aon and or the Fire Protection Association for the purpose of establishing compliance with the requirements of the Aon sprinkler contractor listing programme.
2. Make payment of all fees associated with this listing as defined in section 6.

Officer Name   
*(Senior Management Representative)*

Signed  Date

**SECTION 6 APPLICATION CHECK LIST** Please observe and comply. If not completed, your application will be put on hold.

Please check and complete all parts of this checklist prior to submitting your application. Incomplete applications or checklists will result in delay or rejection of your application. The following attachments must also be submitted with this application.

Check List Items		
1. Details of previous relevant experience for each activity or system type being applied for.		<input type="checkbox"/>
2. A current copy of your AS/NZS ISO 9000/9001/ISO 17020 certificate and attached schedules, <b>OR</b> in the case of provisional listing, evidence of an application for accreditation to ISO 9001 / 17020 (as appropriate) with an accredited certification body.		<input type="checkbox"/>
3. Evidence of public liability and professional indemnity insurance being held by the company.		<input type="checkbox"/>
4. The minimum level of insurance required is \$10m Public Liability Insurance (all contractors) and \$2m Professional Indemnity Insurance (for contractors involved in design and installation services).		<input type="checkbox"/>
5. The CV's for all responsible persons noted in section 3.		<input type="checkbox"/>
6. For new applications, a list of three referees that may be approached for verbal references should this be required by the listing panel.		<input type="checkbox"/>
7. All sections have been completed		<input type="checkbox"/>
8. Purchase Order		<input type="checkbox"/>
9. All required attachments have been included with this application.		<input type="checkbox"/>

**Basic Application Fees** [Refer to a separate updated supplement.](#)

- Additional Fees**  
Additional charges will apply:
- For on-site interviews or assessments that will be priced on a case by case basis.
  - Where documentation is significantly inadequate or incomplete and additional time is required for follow-up work then additional charges will apply.
  - Where a provisional listing is expired for more than 12 months then a full reapplication fee will apply.



**SECTION 1 CONTRACTOR DETAILS**
*Supplementary page(s) - refer original Section 1*

Office Identification &amp; Contacts

Office Location(s)	Local Management Representative(s)			
Town/City	Contact Name	Telephone	Mobile	Email

**SECTION 3 RESPONSIBLE PERSONS PER BRANCH**
*Supplementary page(s) - refer original Section 3 for important notes.*

Branch	
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Name	Responsibilities/Subcontractor, Scope of Listing <i>etc.</i>	<i>Tick if Documents attached</i>	Other Office Location
Testing & Maintenance Technicians		<input type="checkbox"/>	
Fabrication & Installation Fitters		<input type="checkbox"/>	
Project Managers		<input type="checkbox"/>	
System Installers		<input type="checkbox"/>	
Designers		<input type="checkbox"/>	
Biennial Inspection Technicians		<input type="checkbox"/>	