

FIRE PROTECTION ASSOCIATION



Application for Recognition as a Certified Fire Alarm Contractor

Name:

Company:

Street Address:

Postal Address:

Telephone: Fax: Email:

Application Date:

*This application form must be completed **in full** before an application can be accepted.*

1. Continuity of Involvement

* Has the company been operating for longer than a year? Y/N

If no, how long Months

* Has the company been involved continuously during this time in Fire Alarm work? Y/N

2. Inspection of Fire Alarm Systems

Please attach to this application copies of 2 alarm systems inspection certificates issued by an accredited inspection body, see Specification for Certification Clauses 2.10, 3.4, 3.15 and 3.16, for contracts completed in the period since certification.

Attached Y/N

3. Quality Management System

* Do you have an ISO 9001 quality management system in place certified by an accredited body to ISO Guide 62 by JAS-ANZ for quality assurance in design, installation, maintenance and servicing of fire alarms? Y/N

* Provide a copy of your ISO 9001 Certificate and Scope of Certification. A copy of your latest surveillance audit report showing continuing certification will also be required if the ISO certificate is older than 6 months.

4. Procurement of Equipment

* Do you have a written agreement for the procurement of fire alarm equipment from FPANZ listed equipment manufacturers including Panels, Detectors and Call Points?

Y/N

If no, please attach details of equipment intended to be used and where it will be obtained.

Note:

The equipment must be listed in the Fire Protection Equipment Register of Certified Products.

* Do you have access to all relevant technical instructions published by the manufacturer of Fire Alarm equipment?

Y/N

5. Competence of Staff

Please attach evidence of the experience and capability of staff including CV's and evidence of a current NZ certificate in Fire Detection and Alarm Systems or evidence that the person is enrolled and progressing toward this qualification or higher relevant qualification of an appropriate discipline.

See Clause 3.8 Competence of Staff.

Attached Y/N

6. Subcontractors

Subcontractors are the responsibly of the certified company and in signing this application you acknowledge full acceptance as if they were your own employees.

Acknowledged and signed:.....

7. System Design

Please attach details of designer(s) used and their qualifications; unless they are your own staff and details are included in 5 above.

Attached Y/N

8. Maintenance

Signing this application confirms that you will respond to an AFA call-out within a 2 hour period and that your staff has access to sufficient spares to resolve such call-outs.

9. Liability and Professional Indemnity Insurance

Please provide copies of current documentation showing at least \$2 million Public Liability Insurance and an appropriate amount of Professional Indemnity Insurance.

10. Health and Safety

Please provide a copy of your current Health and Safety Policy document.

Attached Y/N

Note:

This application does not detail all the requirements and responsibilities required of the company being certified and full details are given in the FPANZ Specification for Certification provided with this application.

Declaration

This is to certify that the information provided herein is true and accurate in all respects.

I also declare that as a member of the Fire Protection Association NZ and the authorised officer of the applicant company, that if accepted as a Certified Alarm Contractor we agree to abide by the rules of the Association and the requirements detailed in the FPANZ Specification for Certification Revision 2, 15 October 2002.

Director/General Manager.....
(Name in full)

Signed:

Date:.....

For office use only

Application accepted Date

Signed: 1. 2. 3.