

# AON Sprinkler Contractor Certification

NEW AND RELISTING CONTRACTORS: NZS4541/NZS4515

This SPRINKLER CONTRACTOR CERTIFICATION FORM 7 is to be completed and signed by the Sprinkler Contractor. The following attachments must also be submitted with this application.

## NOTE

## COMPLETION OF THIS FORM

### Check List Items

1. Details of previous relevant experience for each activity or system type being applied for. 1
2. A current copy of your AS/NZS ISO 9000/9001/ISO 17020 certificate and attached schedules, **OR** in the case of provisional listing, evidence of an application for accreditation to ISO 9001 / 17020 (as appropriate) with an accredited certification body. 2
3. Evidence of public liability and professional indemnity insurance being held by the company. 3
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). 4
5. The CVs for all responsible persons noted in section 3. 5
6. For new applications, a list of three referees that may be approached for verbal references should this be required by the listing panel. 6
7. All sections have been completed 7
8. Purchase Order 8

### Email

Please email all applications to both of these email addresses: [fpa@fpanz.org](mailto:fpa@fpanz.org), [nz.ssc@aon.com](mailto:nz.ssc@aon.com).

### Note

**PLEASE COMPLETE this application form electronically as data extraction programming is used.**

- Attach additional sheets and certificates as necessary.
- Supplementary pages are available on request if you run out of room.
- 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 SSCs. This application will be reviewed by the SSC and/or its nominated agent.

### Renew Listing

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:

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

### 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. **R** For new listings, a face-to-face interview will be required, and if considered necessary, on-site assessments. **G** 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. **I**

### 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. **R** 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. **G** 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. **I**

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## SECTION 1 CONTRACTOR DETAILS

All fields in this section are mandatory

Legal Company Name			Trading as		
Head Office Postal Address					
Head Office Physical Address					
Directors					
Management Representative	Name			Telephone	
	Email			Mobile	

### Office Identification and Contacts

Office Location(s) Town/City	Local Management Representative(s)			
	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. 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												

\*Please note if you are applying for pipe fabrication this is for factory and does not need system type

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## SECTION 3 RESPONSIBLE PERSONS

- Where relevant, complete one page for each branch.
- Identify the persons who have been assigned responsibility for project management, design, testing and maintenance, biennial inspection, fabrication and installation.
- Identify the individual's responsibilities. e.g. designer, design manager, tester, testing/service managers, site supervisors/charge hands etc.
- 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.
- 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.
- Curriculum Vitae  
Please attach an abbreviated CV for each person listed, this includes subcontractors where used.

Branch

Name of staff per section	Their responsibilities in scope of listing	Staff, Contractor or Sub-Contractor?	Other Office Location
Testing & Maintenance			
New Fabrication			
Project Managers			
System Installers			
Designers			
Biennial Inspection			

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## SECTION 4 ACTIVITY LOG

- List either:
- A representative sample of **up to 20** Design Parameter submissions you have made to Aon in the last two-year period, **or**
  - **All** the Design Parameter submissions you have submitted to Aon in the last two-year period, *whichever is the lesser*.

Aon Reference	Site Name and Address	System Type & Status of Compliance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

## SECTION 5 CODE OF CONDUCT & AGREEMENT

In submitting this application for sprinkler contractor listing: \*Senior Management Representative

Company Name	<input type="text"/>	Officer Name*	<input type="text"/>
Agree 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.	Date	<input type="text"/>
		Signature	<input type="text"/>

## SECTION 6 FEES

Application Cost **NZ\$2,350.00 + GST**

## SECTION 7 RENEWAL OF LISTING/DELISTING

As required by NZS4541 and NZS4515 it is contractors' responsibility to remain listed as an approved contractor. So please note your certification expiry date and apply for renewal a month or two before - using this same Form 7. Aon will endeavour to send up to three courtesy reminders regarding listing expiry before removing your organisation from our list of approved sprinkler contractors.

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## SECTION 4 ACTIVITY LOG (cont)

DELETE PAGE IF NOT REQUIRED

Aon Reference	Site Name and Address	System Type & Status of Compliance
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

