PART 2 - APPLICATION FORM

APPLICATION FOR: CCC Accreditation as an Approved Geoprofessional

Council invites suitably qualified and experienced Geoprofessionals to respond to this Application for accreditation as an Approved Geoprofessional. This Application is part of a process for the selection and appointment of Approved Geoprofessionals to provide geotechnical engineering services associated with Rockfall Protection Structures to the Council and / or the general public.

Name of Geoprofessional applying for accreditation		
Contact Details		
Business Name (Full Legal Name):		
Trading Name:		
Physical/postal address		
Application Primary Contact (Name and Title):		
Email (Application Contact):		
Telephone Numbers:		
Mobile Phone Number:		
Fax Number:		
Company Information		
Please indicate ownership of your company:	New Zealand %	Foreign %
Name of Parent Company/Investors (if applicable):		
Location of Corporate Head Office:		
List of any subsidiaries/Joint Ventures:		
Any actual of proposed changes in the ownership or control of the Prospective Supplier that would have a material effect upon who the Council will be dealing with:		

Applicant Information (Individual not Company)		
Curriculum vitae including individuals experience in the industry, number of years in practice and a summary of the clients for whom they have provided services specific to RPS (please provide at least 2 references specific to RPS, and 2 Referees)		
Description of services provided		
The extent of the Geoprofessional's commercial activity		
Proposed hourly billing rate (NZD excluding GST)		
Details of any disbursements excluded from the hourly rate		
Proof of Registration as a Chartered Engineer under the Chartered Engineers Act of New Zealand 2002, working in the practice area of Geotechnical Engineering		
Proof of Membership of Professional Organisation		
Proof of current Professional Indemnity Insurance and completion of Insurance Confirmation Form (Part 4)		

I the undersigned confirm that the attached information is true and factual. I confirm that I am the authorised signatory for this matter.

I understand that no legal or other obligations shall arise between the applicant and Council in relation to the conduct or outcome of the Application process unless and until the applicant has received written notification to this effect from Council.

Authorised Signatory:	
Name of Signatory:	
Position:	
Date:	

PART 3 - INSURANCE CONFIRMATION FORM

APPLICATION FOR: CCC Accreditation as an Approved Geoprofessional

To be submitted with Application.

FROM: ___

(Name of Geoprofessional/company)

We confirm that at the time of application this Geoprofessional/company holds the following insurances:

(a) Public Liability Insurance in an amount of not less than \$5,000,000 per project

(b) Professional Indemnity Insurance in an amount of not less than \$5,000,000 per project and no claim has been made on the insurance which could limit the amount of cover available.

We attach an Insurance Certificate from our Insurer (or Insurance Broking Company) confirming cover in the amounts stated above.

I the undersigned confirm that the above information is true and factual. I confirm that I am the authorised signatory for this matter.

Authorised Signatory

Name and Company Position

Date _____