

Christchurch City Council authorised drainlayer - additional categories

Application form for approval

To apply for additional category approval as a Christchurch City Council Authorised Drainlayer, please complete this application and attach all relevant supporting documentation. The processing of this application may be delayed if the form is incomplete. See ccc.govt.nz/consents-and-licences/construction-requirements/approved-contractors/authorised-drainlayers

Return the completed form and supporting documentation via email or post:

Email: **AD@ccc.govt.nz**

Post: **Authorised Drainlayers, City Services, PO Box 73014, Christchurch 8154**

Part A - **Applicant details** *(details of the person making this application)*

Full legal name(s):

Preferred name:

Date of birth: dd / mm / yy

Mobile: ()

Please attach
a recent photo

Part B - **Company details** *(details of the company who employs the person making this application)*

Company name:

Company postal address: Suburb:

PO Box: Town:

Telephone: () Mobile: ()

Email:

46 Part C - **Approval category** *(select which categories you wish to be approved for)*

- ☐ Installation of pressure sewer tanks*
- ☐ Installation of pressure sewer reticulation (including boundary kit and downstream reticulation)
- ☐ Installation of pressure sewer tanks*

**must be a registered, certifying drainlayer with a current licence*

Part D - **Registered, Certifying Drainlayer with current licence** *(registered under the Plumbers, Gasfitters and Drainlayers Act 2006 – see www.pgdb.co.nz)*

☐ Yes. Registration Number: Expiry date: dd / mm / yy

☐ No. Does the company you work for employ a Registered, Certifying Drainlayer? ☐ Yes ☐ No

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Part E - **Application checklist** *(submit the following documentation along with your signed application form)*

- ☐ Copy of applicant's Confined Spaces Training Certificate showing completed Unit Standards¹
- ☐ Evidence that the applicant is a PGDB Registered Drainlayer with an active certifying drainlayers licence
- ☐ Evidence that the applicant is already registered as a Christchurch City Council Authorised Drainlayer with approval for gravity pipe drainage approval categories
- ☐ Application fee of \$729 (including GST) per applicant (not company). Payable at any Council Service Centre or over the telephone on 03 941 8999. If you want to pay by phone please be ready to provide the applicant and company names, the amount of the fee and the name of the application form.

Part F - **Conditions**

¹ Confined Spaces

All Authorised Drainlayers are required to apply for Authority to work in Council Confined Spaces. See www.ccc.govt.nz/consents-and-licences/construction-requirements/authority-to-access-council-services-confined-spaces

Assessment

On-site technical assessments are required to ensure that the applicant has the necessary experience, technical skills and resources to carry out authorised work in accordance with Council regulations and standards. When applicant has a suitable job(s) to be assessed please call 03 941 8999 and ask to speak with the Authorised Drainlayer Assessor to arrange suitable assessment times.

Approval

Approval will be given in writing only, and is only awarded to the individual and not to commercial entities. It is not transferable and can be withdrawn by the Council upon non-compliance with the rules as outlined in the Terms and Conditions.

Part G - **Declaration**

I, (Name of applicant):

- ☐ Confirm that all the details set out in and/or attached to this application are complete and accurate in all respects
- ☐ Have read and am familiar with the Christchurch City Council's Construction Standard Specifications (CSS) and other relevant Council and AS/NZS standards and guidelines and have copies of the relevant documents at the worksite at all times
- ☐ Am familiar with the Council's Permit to Work system
- ☐ Am a Registered, Certifying Drainlayer with a current licence and have advised my registration details and expiry date in Section D of the application form
- ☐ If approved, agree to be bound by the terms and conditions as set out in the 'Specifications for working as a Christchurch City Council Authorised Drainlayer'

Name: Signature: Date: / /