



# APPROVED CONTRACTOR APPLICATION FORM

for water, wastewater, and stormwater  
network physical connection works



**TO BE COMPLETED BY THE PERSON THAT WILL BE UNDERTAKING THE WATER, WASTEWATER AND/OR STORMWATER NETWORK PHYSICAL CONNECTIONS.**

Please complete and return this form to: [networkauthorisation@qldc.govt.nz](mailto:networkauthorisation@qldc.govt.nz)

Phone: (03) 441 0499

Website: [www.qldc.govt.nz](http://www.qldc.govt.nz)



## 1. YOUR DETAILS

First name:	<input type="text"/>	Middle name:	<input type="text"/>
Last name:	<input type="text"/>		
<b>Contact address</b>			
Street number:	<input type="text"/>	Street name:	<input type="text"/>
Suburb / City:	<input type="text"/>	Postcode:	<input type="text"/>
Work phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

## 2. DECLARATION

Please tick the boxes relevant to the qualification(s) you have for water and/or wastewater (WW) & stormwater (SW) connections.

Water	WW & SW	
<input type="checkbox"/>	<input type="checkbox"/>	I have attached evidence of my qualification: New Zealand Certificate in Infrastructure Works (Pipeline Construction and Maintenance) (Level 4) (with strands in Drinking-water, Wastewater and Stormwater, and Trenchless Technologies), and/or
<input type="checkbox"/>	<input type="checkbox"/>	I confirm I am a Registered and licensed Certifying level Drainlayer (Tier 1) with qualifications, registration and annual practising license as required by the Plumbers, Gasfitters and Drainlayers Board (PGDB) and as listed on the public register of Certifying level Drainlayers on the PGDB website

I confirm I have:

- undertaken the required testing, inoculations and immunisations listed in App 4, and
- I, or my employer have provided evidence of current:
  - o public liability insurance for an amount not less than \$10,000,000, and
  - o motor vehicle third party liability insurance for an amount not less than \$10,000,000

Name:	<input type="text"/>	Signature:	<input type="text"/>
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## 3. FOR OFFICE USE ONLY – APPROVED BY:

Name:	<input type="text"/>	Signature:	<input type="text"/>
Job title:	<input type="text"/>	Date:	<input type="text"/>
QLDC Approved Contractor register reference number:	<input type="text"/>		
Date and method Applicant advised of approval:	<input type="text"/>		