Approved Contractor Application Form – Three Waters

To apply to be an approved contractor, please complete this form and attach all relevant information. Return the completed form and supporting documentation to:

Email: approvedcontractorsadmin@timdc.govt.nz Post: Approved Contractors Administration

Timaru District Council PO Box 522

Timaru 7910

Note that all applicants are required to be Approved Health and Safety Contractors. You will need this approval before your Approved Contractor Land Transport application is considered. If you have not already done so, contact rouvierre.hattingh@timdc.govt.nz for a copy of the application form. After you have been approved as a Health and Safety contractor, you will be able to submit the Three Waters application.

# APPLICANT

Company Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Website: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Postal Address (If different to Street Address)

Address: Click or tap here to enter text.

Town: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Contact Person

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

1. **APPROVAL CATEGORY (select the Work Activities you wish to be approved for)**

### Water:

* + Urban water supply connections
	+ Mans to mains water connections
	+ New public water mains (to be vested to Council)
	+ Rural water supply connections
	+ Council water race diversion/alteration

Click or tap here to enter text.

### Sewer

* + Public gravity sewer connections
	+ Mains to mains sewer connections
	+ New public sewer mains (to be vested to Council)
	+ Public pressurised sewer connections (incl. Arowhenua)

### Stormwater

* + Public stormwater connections
	+ Mains to mains stormwater connections
	+ New public stormwater mains (to be vested to Council)

# HEALTH AND SAFETY

Is your company registered as a Timaru District Council Health and Safety Approved Person Conducting a Business or Undertaking (PCBU)?

* + **YES**
	+ **NO** You will need to hold approved PCBU contractor status before your application for becoming an Approved Contractor for Three Waters is considered.

If you answered Yes to the above question, attach copies of the following certifications (where available and relevant):

* + Confined Space Training
	+ Construct Safe
	+ Dangerous Goods (including Asbestos)
	+ First Aid Certificates
	+ Site Safe
	+ Working at Heights
	+ Other
1. **FEE**

**For all applicants**

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| **Fee** |
| Attached☐ | Following receipt of this application Timaru District Council will send you an invoice for an Application Fee. See Section 4.1 of the Information Pack for details.I understand that I will need to pay the fee invoice before my application is assessed and approved. |

# DOCUMENTATION

In this section, you will need to attach current qualifications, certificates, plans and procedures. Where detailed information or lists are required, these are to be entered in the relevant box.

## Part A – For all Applicants

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| **Working in the Road Corridor** |
| Attached[ ] [ ] [ ]  | Provide copies of the following qualifications*The National Utilities Code: What staff on-site should know* or equivalentNZIHT – [https://www.nziht.co.nz/Short-Courses/The-National-Utilities-Code--What-](https://www.nziht.co.nz/Short-Courses/The-National-Utilities-Code--What-staff-on-site-should-know/) [staff-on-site-should-know/](https://www.nziht.co.nz/Short-Courses/The-National-Utilities-Code--What-staff-on-site-should-know/)*Compaction - a Key to Quality Road Pavements* or equivalentNZIHT – [https://www.nziht.co.nz/Short-Courses/Compaction---a-Key-to-Quality-](https://www.nziht.co.nz/Short-Courses/Compaction---a-Key-to-Quality-Road-Pavements/) [Road-Pavements/](https://www.nziht.co.nz/Short-Courses/Compaction---a-Key-to-Quality-Road-Pavements/)*Reinstatement of Service Trenches* or equivalent <https://www.nziht.co.nz/Short-Courses/Reinstatement-of-Service-Trenches/> |
| **Traffic Management** |
| Attached[ ] [ ] [ ]  | Copy of all current site supervisors and / or TTM provider’s qualifications:*Level 1 Basic Traffic Controller (TC)**Level 1 Site Traffic Management Supervisor (STMS) Level 2/3 Site Traffic Management Supervisor (STMS)* |
| **Project Management** |
| Provide details of:* All project management and supervisory staff
* Project management systems for recording, reporting and monitoring purposes
* Project management experience Click or tap here to enter text.
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| **Environmental Management** |
| Attached[ ]  | 1. Example of recent Environmental Management Plan (within last three years)
2. List and provide details of any Regional Council enforcement actions (i.e. abatement notices) within the last three years

Click or tap here to enter text. |
| **Quality Assurance** |
| Provide a description of your company’s Quality Assurance Processes.Click or tap here to enter text. |
| **Insurance** |
| Attached[ ]  | Copy of relevant insurance(s):* Public Liability (Minimum $5 million) – Mandatory
* Professional Indemnity
* Construction Machinery(s)
* Motor Vehicle(s) Others
 |
| **Training** |
| List of any future and in-progress training and qualifications. Information required:* Name of staff
* Name of Training / Qualification Proposed completion date

Click or tap here to enter text. |
| **Communication** |
| Describe how you will communicate with Council, neighbouring properties and other affected stakeholders.Click or tap here to enter text. |
| **Procedures** |
| Attached[ ] [ ]  | Copy of your company procedures for: Compaction and reinstatement procedures Compaction testing methodology |

**Part B – fill out the section of the form relevant activity you are applying for Water activities**

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| **Technical Skills** |
| Details of key supervisory / technical staff to be engaged.Click or tap here to enter text. |
| **Qualifications** |
| Attached[ ] [ ]  | Minimum of one person per work team shall hold:*New Zealand Certificate in Utilities Maintenance with Water Strand – (Level 4)* or equivalent*Water and Environmental Sampling – OPUS* or equivalent |
| **Training** |
| List and details of any future and in-progress training and qualifications. Information required:* Name of staff
* Name of Training / Qualification
* Proposed completion date

Click or tap here to enter text. |
| **Procedures** |
| Attached[ ] [ ] [ ] [x]  | Copy of your company’s procedures for water main shut down and commissioning in compliance with water hygiene requirements, including self auditing procedures for:* Water valve shut downs, including “Tag Out” process
* Water and wastewater staff procedures for working on different utilities to avoid cross contamination with drinking water supplies
* Water contamination risk assessment and contamination mitigation procedures when working on water utilities
* Chlorine residue testing procedures
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| **Resources** |
| List of resources:*Specialised plant, equipment and machinery.*Click or tap here to enter text. |

**Relevant Experience** (provide three water projects completed in the past three years, relevant experience is also required for subcontractors)

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| **1. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **2. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **3. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **Proposed subcontractors:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |

## Sewer Activities

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| **Technical Skills** |
| Details of key supervisory / technical staff to be engaged. Click or tap here to enter text. |
| **Qualifications** |
| Attached[ ]  | Minimum of one person per work team shall hold:*New Zealand Certificate in Infrastructure Works (Pipeline Construction and Maintenance), Wastewater and Stormwater Strands – (Level 4)* or equivalent |
| **Training** |
| List and details of any future and in-progress training and qualifications. Information required:* Name of staff
* Name of Training / Qualification
* Proposed completion date

Click or tap here to enter text. |
| **Resources** |
| List of resources:*Specialised plant, equipment and machinery.*Click or tap here to enter text. |
| **Procedures** |
| Attached[ ]  | Copy of your company’s procedures, including self-auditing procedures for:* Water and wastewater staff procedures for working on different utilities to avoid cross contamination with drinking water supplies
 |

**Relevant Experience** (provide sewer water projects completed in the past three years, relevant experience is also required for subcontractors)

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| **1. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |

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| **2. Project name**: Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **3. Project name**: Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **Proposed subcontractors:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |

## Stormwater Activities

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| **Technical Skills** |
| Details of key supervisory / technical staff to be engaged. Click or tap here to enter text. |
| **Qualifications** |
| Attached[ ]  | Minimum of one person per work team shall hold:*New Zealand Certificate in Infrastructure Works (Pipeline Construction and Maintenance), Waterwater and Stormwater Strands – (Level 4)* or equivalent |
| **Training** |
| List and details of any future and in-progress training and qualifications. Information required:* Name of staff
* Name of Training / Qualification Proposed completion date

Click or tap here to enter text. |

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| **Resources** |
| List of resources:*Specialised plant, equipment and machinery.*Click or tap here to enter text. |
| **Procedures** |
| Attached[ ]  | Copy of your company’s procedures, including self auditing procedures for:* Water and wastewater staff procedures for working on different utilities to avoid cross contamination with drinking water supplies
 |

**Relevant Experience** (provide three storm water projects completed in the past three years, relevant experience is also required for subcontractors)

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| **1. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **2. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| **3. Project name:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |

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| **Proposed subcontractors:** Click or tap here to enter text. |
| Details of the work carried out: Click or tap here to enter text. |
| Referee name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |

# SUPPORTING INFORMATION

If you would like to provide any other information to support your application, please include it here. Click or tap here to enter text.