Phone 0800 965 468

BUILDING UNIT

Producer Statement Construction

All section	ons of this for	rm must	be com	pleted.									
Contracto	or for: (tick app	licable)											
Buildin	ng		Emer	gency Li	ghting	(Cladding		Esca	alator			
Water	oroof Membra	anes	Drain	layer		I	Fire Alarm		Lift				
Mecha	anical (HVAC)		Solar	Heating		(Other (sp	ecify): _					
Author na	ame:												
Author co	ompany:												
Site addre	ess:												
Description	on of building	work:											
Owners D	Details:												
Scope of	work covered	d by stat	ement:										
System/P	roduct used:	(if applica	ble)										
						(-+- ") boyo	acan and	raged by				
l,													
Part	All, as spe												
and its at	tached condi	itions.											
	fied on reaso by that Buildi	•			•	•			een com	pleted to	the exte	ent	
NZBC cla	uses: (select a	s applicabl	e)										
B1	B2 C	1 (C2	C3	C4	C5	C6	D1	D2	E1	E2	E3	
F1	F2 F	3 F	-4	F5	F6	F7	F8	G1	G2	G3	G4	G5	
G6	G7 G	88 (39	G10	G11	G12	G13	G14	G15	H1			
	and that this ing compliand					may be	relied on	by the C	ouncil foi	the pur	oose of		
Registrati	ion No:				Or	N/A	A			Co	ontinued ov	ver pag	



Qualifications/Experience:

Address:	Postcode:
Phone:	Mobile:
Email:	
Signature:	Date:

PLEASE NOTE – A signature is not required if you submit this form electronically. By entering your name in the box above you are giving your authority for this Producer Statement.