

# Compliance statement CS3 – Construction works

Post: Watercare, Private Bag 94010, Auckland 2241 Email: info@water.co.nz

Phone: (09) 442 2222 Website: www.watercare.co.nz

To be completed by the suitably qualified and experienced person who did the construction work.

The works may have been done by a number of people directly supervised by the author.

When completed, please send this form to inspections@water.co.nz. However, if you are working on a Watercare project, send completed forms directly to the Watercare project manager.

#### Author's details

First name/s	Last name	
Company		
Business address:		
Street number	Street name	
Suburb		Postcode
Work phone ( )	Mobile	
Email		

#### Accreditation details

Academic qualification	on .	Trades discipline
Competency accredit	ation	
Accreditation body		Registration number
Registered practice a	rea*	
*Attach proof from accr	editation body	

#### Parameters of this statement

Describe the construction works certified by this statement

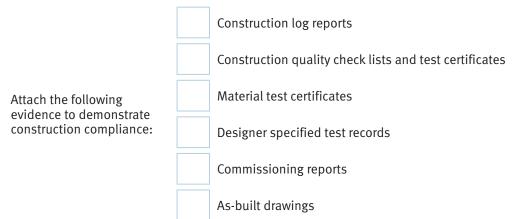
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If in part, describe the overall project	Not applicable

Site address	:			_				
Street numb	er	Stree	et name					
Suburb							Postcode	
Site legal de	scription*							
*Include the	Lot number	and DP numb	er if avail	la	ole			
Engaged by								

### Supporting documents



Please tick to confirm all of the above are attached and list the document titles and versions below. Include other documents if needed.

Document name/number	Date	Version
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	

DD / MM / YYYY
DD / MM / YYYY

If you have more documents, you can attach a schedule which must include document dates and versions.

#### Declaration

I declare that:

- 1. I have due authority from my company to provide this compliance statement
- 2. The information in this statement is true and correct to the best of my knowledge
- 3. The works have been completed in accordance with the approved design, Watercare engineering standards, standard and specific drawings and consents.
- 4. I understand that Watercare will rely on this statement to confirm compliance with the above requirements.
- 5. I understand that if I become aware of any change in circumstance or any reason why the information covered by this statement might not be correct, I must notify Watercare as soon as possible.
- 6. I understand that information I provide on this form includes personal information covered by the Privacy Act 1993.
- 7. I authorise Watercare to collect, retain and use that personal information for the purpose of assessing my suitability as an author of compliance statements. I also authorise Watercare to collect, retain and use (for that same purpose) personal information about me from other sources available to Watercare including, but not limited to, the professional or trade organisations, referees and any other persons or companies with whom I am or have been associated. I understand that Watercare will handle such personal information in accordance with its Privacy Statement located at: www.watercare.co.nz/about-watercare/about-this-site/privacy-statement

Author's name	Author's signature	
	Date	DD / MM / YYYY
On behalf of:		

Watercare office use		
Received by		
Statement valid No	Insurance validation required No	