

Possum Population Monitoring ACCREDITATION RENEWAL APPLICATION



| Name: Address: | Current Accreditation(s): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Category</td> <td style="width: 33%;">Registration No.</td> <td style="width: 33%;">Expiry Date</td> </tr> <tr> <td colspan="3">Field Operative</td> </tr> <tr> <td colspan="3">Designer</td> </tr> </table> | Category | Registration No. | Expiry Date | Field Operative | | | Designer | | | | | | | | | |
|---|--|--|-----------------------------|---------------------------------------|---|-----|---------------------------|--|----------------------------|--------------------|--|--------|--|------|-------------|----------|------------------------|
| Category | Registration No. | Expiry Date | | | | | | | | | | | | | | | |
| Field Operative | | | | | | | | | | | | | | | | | |
| Designer | | | | | | | | | | | | | | | | | |
| Phone Contact Email Address | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #c8e6c9;"> <th colspan="2" style="text-align: left; padding: 2px;">4. Agency</th> </tr> <tr> <td style="width: 50%; padding: 2px;">Regional Council</td> <td style="width: 50%; padding: 2px;">Leith Contractors</td> </tr> <tr> <td style="padding: 2px;">DoC</td> <td style="padding: 2px;">Pest Control</td> </tr> <tr> <td style="padding: 2px;">AsureQuality</td> <td style="padding: 2px;">Qualmons</td> </tr> <tr> <td style="padding: 2px;">Private Contractor</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Eco FX</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Epro</td> <td style="padding: 2px;">Trappers NZ</td> </tr> <tr> <td style="padding: 2px;">Landcare</td> <td style="padding: 2px;">Other (Please specify)</td> </tr> </table> | 4. Agency | | Regional Council | Leith Contractors | DoC | Pest Control | AsureQuality | Qualmons | Private Contractor | | Eco FX | | Epro | Trappers NZ | Landcare | Other (Please specify) |
| 4. Agency | | | | | | | | | | | | | | | | | |
| Regional Council | Leith Contractors | | | | | | | | | | | | | | | | |
| DoC | Pest Control | | | | | | | | | | | | | | | | |
| AsureQuality | Qualmons | | | | | | | | | | | | | | | | |
| Private Contractor | | | | | | | | | | | | | | | | | |
| Eco FX | | | | | | | | | | | | | | | | | |
| Epro | Trappers NZ | | | | | | | | | | | | | | | | |
| Landcare | Other (Please specify) | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #c8e6c9;"> <th style="text-align: left; padding: 2px;">5. Mailing Address</th> </tr> <tr> <td style="padding: 2px;">(if different from above)</td> </tr> </table> | 5. Mailing Address | (if different from above) | | | | | | | | | | | | | | | |
| 5. Mailing Address | | | | | | | | | | | | | | | | | |
| (if different from above) | | | | | | | | | | | | | | | | | |
| 6. Payment Details | | | | | | | | | | | | | | | | | |
| Accreditation Renewal Costs (Including GST): \$80.50 Field Operative \$86.25 Field Operative <i>and</i> Designer (ie: two separate certificates) | | | | | | | | | | | | | | | | | |
| <u>Please Note:</u> Payment will need to be received in full before accreditation can be registered and renewed. | | | | | | | | | | | | | | | | | |
| Payment Options – (Please tick the applicable box.) | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 35%;"> <input type="checkbox"/> Direct Credit to Eurotafts </td> <td style="width: 30%;"> 030558 0151529 00 </td> <td style="width: 35%;"> Lodgement Date: ____/____/____ </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Cheque Enclosed Made Payable to: Eurotafts International Ltd. </td> </tr> <tr> <td> <input type="checkbox"/> Company to be Invoiced </td> <td colspan="2"> Company Name: _____ </td> </tr> </table> | | <input type="checkbox"/> Direct Credit to Eurotafts | 030558 0151529 00 | Lodgement Date: ____/____/____ | <input type="checkbox"/> Cheque Enclosed Made Payable to: Eurotafts International Ltd. | | | <input type="checkbox"/> Company to be Invoiced | Company Name: _____ | | | | | | | | |
| <input type="checkbox"/> Direct Credit to Eurotafts | 030558 0151529 00 | Lodgement Date: ____/____/____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cheque Enclosed Made Payable to: Eurotafts International Ltd. | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Company to be Invoiced | Company Name: _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Credit Card AS FOLLOWS: I authorise Eurotafts International Ltd. to debit my Credit Card (below) for the sum of \$ _____ | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature _____ <small>e</small> _____ </td> <td style="width: 40%;"> Date: ____/____/____ </td> </tr> </table> | | Signature _____ <small>e</small> _____ | Date: ____/____/____ | | | | | | | | | | | | | | |
| Signature _____ <small>e</small> _____ | Date: ____/____/____ | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #c8e6c9;"> <td style="width: 15%; padding: 5px;">VISA</td> <td style="padding: 5px;">Cardholder's Name: _____</td> </tr> <tr style="background-color: #c8e6c9;"> <td style="padding: 5px;">MasterCard</td> <td style="padding: 5px;">Credit Card Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr style="background-color: #c8e6c9;"> <td style="padding: 5px;"></td> <td style="padding: 5px;">Expiry Date: ____/____</td> </tr> </table> | | VISA | Cardholder's Name: _____ | MasterCard | Credit Card Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | Expiry Date: ____/____ | | | | | | | | | | |
| VISA | Cardholder's Name: _____ | | | | | | | | | | | | | | | | |
| MasterCard | Credit Card Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | | | | | | | | | | | | | | | |
| | Expiry Date: ____/____ | | | | | | | | | | | | | | | | |
| 7. Receipt | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tax Receipt NOT Required <input type="checkbox"/> Tax Receipt Required | | | | | | | | | | | | | | | | | |

8. Accreditation Renewal(s) being applied for

| Categories: | Renew | Do Not Renew |
|-----------------|-------|--------------|
| Field Operative | | |
| Designer | | |

9. Training Course(s) attended to obtain your accreditation(s) *OPTIONAL*

| Qualification | Date | Venue |
|-----------------|------|-------|
| Field Operative | | |
| Designer | | |

10. Monitoring Work Undertaken since your last renewal

The standards for the renewal of accreditation(s) require:

- Completion of a minimum of **two** operations of which you have carried out the work required (as a field operative and/or designer), since you were accredited or last re-accredited.
- List of at least **two** such operations
- Work to be independently verified and signed off by the agency (panel eleven on the next page).

Please note: NPCA may suspend or remove monitoring accreditations where it reasonably believes that a monitor is no longer suitable to retain accreditation due to dishonesty and/or failure to meet the required possum monitoring standards. See www.npca.org.nz, accreditation section, for a copy of the relevant policy.

| Dates: Beginning and end of Monitoring Job | Type of Job (Forest, Farmland etc) | Location of Job | Agency and/or Client | * Field Operative | Designer |
|---|---------------------------------------|-----------------|----------------------------|-------------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* **Please Note:** Planner accreditations will now be renewed in conjunction with Field Operative accreditations.

11. Independent Verification of Monitoring Work Undertaken

Please Note:

- i) This declaration needs to be filled out and signed by the controlling officer if the work was carried out by 'in-house', staff, or by the principal of a monitoring contracting company if the work was done on contract.
- ii) This section provides an independent verification that the work, as listed in section 10 above, was carried out to the standards of best practice monitoring as set out in:
 - *Protocol for Possum Population Monitoring Using the Trap-Catch Method* (see Code A1, Publications section on www.npca.org.nz)
 - *Protocol for Possum Population Monitoring Using the WaxTag Method*, (see Code A2, Publications section on www.npca.org.nz).

Please note: monitors are expected to keep up-to-date with the latest editions of these protocols, which can be downloaded from www.npca.org.nz or ordered from NPCA.

In addition the signature below verifies that the work met contract performance standards and was carried out to the satisfaction of the contracting/employing agency.

- iii) Please print clearly.

Name.....

Name of Agency.....

Position within Agency.....

I declare that has carried out work to the standards of the best practice protocols specified above, and to the satisfaction of the contracting/employing agency.

Signed

12. Privacy Act

The NPCA's Monitoring Accreditation Database holds the following information:

Name, contact details, current monitoring accreditation(s), registration number(s) and expiry date.

This information will only be released to verify accreditation details for contracting purposes and your consent is required to meet the requirements of the Privacy Act. Without consent to release this information, we are unable to include you on the NPCA website's list of Accredited Operators.

I consent to the details about me, held by NPCA, being released to contracting agencies, companies and other agencies with whom NPCA deals with, for the sole purpose of verifying my accreditation details.

I certify that the details provided in this application are correct: (Applicant to complete.)

Name:

Signature:

Date: ___/___/___

| | | |
|-------------------------|-------------------------|-----------------------------------|
| Office Use Only | Payment Received | Date Received: ___/___/___ |
| NPCA Compliant | | |
| Database Updated | | |
| Certificate | | |
| Wallet Card | | |
| Letter | | |
| Protocol Copy | | Date Sent: ___/___/___ |

EUROTAFTS INTERNATIONAL LTD
 Service provision contractor to NPCA

*Accredited members are recognised by the:
 Department of Conservation,
 Regional Councils, Animal Health Board, and Contractors*



Department of Conservation
Te Papa Atawhai

