

Inspect and Test

Individual Accreditation Status Change Form

Please complete this form in order to change the Inspect & Test categories and/or levels of categories of your current Accreditation.

This form is used to change your accreditation status during your accreditation period as stated on your accreditation card. Status Change applies for changing current Transitional and/or Trainee accreditation categories to Qualified Accreditation and/or for adding new categories.

Individual Accreditation Detail

Please confirm your employment and personal details.

Personal Details:

Surname:		Given names:	
Title:		Date of birth:	
Residential street address:			
Suburb:		State:	Postcode:
Postal Address:	Write 'as above' if same a residential address		
Suburb:		State:	Postcode:
Phone number:		Mobile:	
Email:			

Employment Details:

Employer's Company Name:			
Street:			
Suburb:		State:	Postcode:
Work phone number:		Work mobile:	
Work email:			

FPA Australia

Fire Protection Accreditation Scheme (FPAS)

1. If upgrading to a Qualified Accreditation category from the Transitional to Trainee pathways, please ensure you provide a Certified Copy of your Statement of Attainment.

Note: If your statement of attainment/s or qualification/s was issued by FPA Australia, you are not required to have it certified.

2. If you would like to add or change level of a **Transitional Accreditation category**, please read the attached work experience overview page.

Please identify the categories you require to add/upgrade for either Transitional and/or Qualified Accreditation via the table below table.

Category	Please circle the requested Accreditation type		R or C Level Please Circle	
	Qualified	Transitional	R	C
1. Fire sprinkler systems	Qualified	Transitional	R	C
2. Fire pumpsets	Qualified	Transitional	R	C
3. Fire hydrant systems	Qualified	Transitional	R	C
4. Fire detection and alarm systems	Qualified	Transitional	R	C
5. Gaseous fire suppression systems	Qualified	Transitional	-	C
6. Pre-engineered fire suppression systems (non-gaseous)	Qualified	Transitional	-	C
7. Portable fire equipment and fire hose reels	Qualified	Transitional	-	C
8. Fire and smoke doors	Qualified	Transitional	-	C
9. Fire seals and collars	Qualified	Transitional	-	C
10. Exit and emergency lighting.	Qualified	Transitional	-	C

R Routine Level: Routine Level (R) activities are conducted up to and including six (6) monthly, as described in AS1851-2012.

C Complex Level: Complex Level (C) activities includes those activities for Routine Level (R), and other activities conducted annually as described in AS1851-2012.

Qualified Accreditation applies to individuals who are currently working and have experience in Inspect and Test work and have attained the required units of competency for each category of Inspect and Test they are applying for under FPAS.



Work Experience Requirement

When adding new categories to your existing FPAS Accreditation, there is a minimum length of experience required, relevant to the category of Inspect and Test you are adding (see below).

Work experience needs to have occurred within the last three (3) years, and the amount of experience required ranges from 6 - 12 months, depending on which Inspect and Test categories you have experience in.

Twelve (12) months relevant experience in the Inspect and Test categories 1 – 6

Category 1 – Fire sprinkler systems (R) or (C)

Category 2 – Fire pumpsets (R) or (C)

Category 3 – Fire hydrants (R) or (C)

Category 4 – Fire detection and alarm systems (R) or (C)

Category 5 – Gaseous suppression systems

Category 6 – Pre-engineered fire suppression systems (non-gaseous)

Six (6) months relevant experience in the Inspect and Test categories 7 - 10.

Category 7 – Portable fire equipment and fire hose reels

Category 8 – Fire and smoke doors

Category 9 – Fire seals and collars

Category 10 – Exit and emergency lighting.



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Declaration

In support of my Accreditation Status Change please tick: ✓

- I declare that I have attained the relevant experience required for each category where I have requested a status change.
- I declare that the information contained in this application is true and correct in every particular (including certified documents).
- I acknowledge that FPA Australia may contact any person or other entity to verify information provided in this application.
- I agree to comply with the specified conditions of FPAS.
- I acknowledge that, from time to time, it may be deemed necessary by the Scheme to include additional unit(s) to 'inspect and test' categories.
- I commit to conduct Inspect and Test activities in accordance with the relevant Standard(s).
- I commit to conduct only those Inspect & Test activities for which I hold accreditation.
- I confirm that I and/or my employer hold and maintain the minimum insurance requirement of \$10 million for Public & Products Liability Insurance, and that the level of insurance cover held is adequate to cover the services and activities I undertake in the fire protection industry.

Note: For businesses that do not hold FPA Australia Membership, a Certificate of Currency **MUST** be provided for the above insurance requirement with your application.

- I understand that as a requirement of my accreditation, I am required to ensure that my FPAS Accreditation Number is noted on any Logbooks where I have undertaken Inspect and Test activities on any given site.

Print Name of Applicant _____

Signature of Applicant: _____ Date: ____ / ____ / _____

Disclaimer

Accreditation under the Fire Protection Accreditation Scheme is not a substitute for any requirements for licensing, registration or accreditation established by relevant applicable legislation (state, territory and/or federal) unless otherwise confirmed by relevant regulation.

Payment Details

Status Change Fee: \$44 (incl. GST)
Method of payment: Cheque payable to FPA Australia. ABN 30 005 366 576

EFT payment: FPA Australia BSB: 033 083 Account No: 33 2932

Note: Please advise reference number, name, payment time, date and amount to: accounts@fpaa.com.au

Credit card: VISA MasterCard AMEX

Card Number: _____

Name on Card: _____

Expiry Date: ____ / ____

Signature: _____ Amount: _____

Return this Application Form, including certified documents to:

Fire Protection Association Australia
PO Box 1049
Box Hill Victoria 3128

OR

Email: fpas@fpaa.com.au
Fax: 03 8892 3132