



Southern African Gas Association NPC
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APPLICATION FOR FIRST TIME REGISTRATION AS A NATURAL GAS VEHICLE PRACTITIONER

I hereby apply for registration as a gas practitioner in terms of the Occupational Health and Safety Act (No. 85 of 1993) – Sections 43 and 44 and Pressure Equipment Regulation R734 of 15 July 2009

*NB: In the interest of speedy processing of your application, it is imperative that you complete all required fields and fully comply with the **SAGA Gas Practitioner Scope and Competency Policy (as amended)** being practitioner and industry criteria (publication is available on request or visit www.sagas.co.za)*

All information and proof provided comprises the applicants Portfolio of Evidence.

The following is to accompany this application:

1. Two (2) colour passport photo's - *endorsed on reverse side with own name and ID no*
2. Certified copy of valid ID or passport

Initials	
First name	
Surname	
ID no.:	
Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
Tel	
Fax	
Cell	
Email	

EMPLOYER POSTAL ADDRESS		EMPLOYER STREET ADDRESS	
Address		Address	
Suburb / Town		Suburb / Town	
Province		Province	
Postal code		Postal code	

ADDITIONAL INFORMATION REQUIRED

1. INDICATE FOR WHICH APPLICATION YOU ARE APPLYING FOR REGISTRATION (MARK WITH "X")

	Bi-Fuel Carburettor	Bi-Fuel Fuel Injection	DualFuel	Specialised
Installation				
Maintenance				
Commissioning				
Re-commissioning				

(Ensure your Line Manager/Supervisor is in agreement with the category selected)

RECOMMENDATION BY LINE MANAGER / SUPERVISOR:

I, Name: _____ Surname: _____ being the Line Manager/
Supervisor (~~cross out which is not applicable~~) hereby confirm that the above registration categories are in line with
the applicant's job level and as such recommended for registration.

Signature: _____

Date: _____

Email: _____

Contact Number: _____

2. QUALIFICATIONS (Legible copies ~~t~~^o be attached to application form)

Secondary Education:	
Major Subjects	
Level Attained	
Period	From: _____ To: _____

Tertiary Education:	
Major Subjects	
Final Qualification	
Period	From: _____ To: _____

Apprenticeship/learnership served as	
From:	
To:	
Employer during apprenticeship/learnership:	
Other qualifications or achievements including training and/or specific skills courses attended:	

3. EMPLOYMENT HISTORY *(Chronological Order)*

Present Employer:

Period	From:	To:
Employer		
Type of business		
Position Held		

Previous Employer:

Period	From:	To:
Employer		
Type of business		
Tel of business		
Position Held		

Previous Employer:

Period	From:	To:
Employer		
Type of business		
Tel of business		
Position Held		

4. NATURAL GAS VEHICLE EXPERIENCE

PROVIDE THE REQUIRED INFORMATION ON THE FOLLOWING PAGE

1. Description of the last 5 chronological natural gas vehicles installation/ maintenance/ commissioning of work done during the period, including magnitude and scope, level of responsibility and contribution to testing and final acceptance i.e. installation of cylinders with brackets, pipe work, regulator, mixer or injectors, valves and electronic control units
2. Description of design, inspection and supervision of installations as mentioned above.
3. Installations to be listed and described in date order.

Detailed description of work done as required in paragraph 4 above:

NB: If space is insufficient, please continue on a separate sheet and add name and signature.

I hereby confirm that

1. *All the information included within this application is true and valid and that I will adhere to the registration requirements namely:*
 - a. *To complete the gas practitioner application in full*
 - b. *Should there be any outstanding documentation needed for the processing of the application not received within 3 months of date of receipt of the application, it will be deemed null and void and I forfeit the full course and registration fee*
2. *I have also read and clearly understand the content of the following: (available on request or visit www.sagas.co.za)*
 - a. *SAGA Technical Regulation 1 of 2009 (as amended)*
 - b. *Antitrust Policy and Meeting rules*
 - c. *Code of Good Practice*
 - d. *Gas Practitioner Scope and Competency Policy*
 - e. *Terms and Conditions of Training*
3. *It is imperative that you read and be guided by the SAGA gas practitioner scope and competency policy with regards to all registration requirements applicable. A single or combination of the categories could be granted depending on qualifications, knowledge, experience, expertise and work done as per your Portfolio of Evidence provided*
4. *I may only perform work within the borders of South Africa as per the registered scope of my SAQCC Gas licence*

Name: _____ Signature: _____ Date: _____

Forward application to: lerato@sagas.co.za or fax to: 086 525 3415
