

# SAFE GAS EQUIPMENT SCHEME

## APPLICATION FOR AN EQUIPMENT VERIFICATION PERMIT



This is an Application made under and in accordance with the requirement of the Occupational Health & Safety Act – No 85 of 1993 and Pressure Equipment Regulations (PER), R734 of 15 July 2009

### SECTION 1: Applicant Details *(the applicant is the sole legal entity to be recorded as the Permit Holder)*

<b>Company Name / Legal Entity</b> <i>(attach a current copy of CIPC registration details)</i>	
<b>Physical Address</b>	
<b>Postal Address</b>	
<b>Telephone</b>	
<b>Facsimile</b>	
<b>E-mail</b>	
<b>Responsible Person</b> <i>(Person elected by the business to administer the application on behalf of the business)</i>	
<b>Designation</b>	
<b>Company Registration Number</b>	
<b>Company VAT Number</b>	

### SECTION 2: Applicants Quality Management System (QMS) Information

If the following information has previously been provided via a separate application form to SAGA and the information is the same, please record the Application permit number here:

#### IF THIS IS A NEW APPLICATION, PLEASE COMPLETE

**PART A:** To be completed if the supplier is or the original manufacturer has a Quality Management System (QMS) currently accredited to ISO 9001.

***Please attach a current copy of your Certificate of Accreditation***

Please supply Certificate Number:

**PART B:** To be completed if the supplier has a QMS but it is NOT accredited to ISO 9001.  
 Please describe below what QA measures you have in place to ensure that your product match the relevant certified design and attach a copy of relevant parts of your QMS documentation to support your statement(s):

**PART C:** Does the supplier have the license / agreement to manufacture any international trade marks locally? Please describe below what measures you have in place to ensure that your product match the relevant certified design? Please attach all relevant QMS documentation.

**SECTION 3: New Application/ New Permit (All fields are mandatory)**

See Appendix A for list of Equipment Categories

<b>CATEGORY</b>						
<b>SUB-CATEGORY</b>						
<b>MAKE OF EQUIPMENT</b>						
<b>PRODUCT DESCRIPTION</b>						
<b>MODEL NUMBERS/SERIES</b>						
<b>SIZE</b>						
<b>GAS TYPE</b>	<b>Natural Gas</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>LPG</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>MAX GAS PRESSURE</b>	kPa		kPa			
<b>PRODUCTION/PROTOTYPE</b>	Production		Prototype			
<b>QMS CURRENTLY ACCREDITED TO ISO 9001 (CERTIFICATE ATTACHED?)</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>TYPE EXAMINATION CERTIFICATE NUMBER (CERTIFICATE ATTACHED?)</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>DECLARATION OF CONFORMITY NUMBER (CERTIFICATE ATTACHED?)</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>DIRECTIVES EQUIPMENT COMPLIES WITH</b>						
<b>TEST HOUSE/NOTIFIED BODY (NAME &amp; NUMBER)</b>						
<b>STANDARDS EQUIPMENT COMPLIES WITH</b>						

Has the product been subject to any Application for certification before?  
 Yes  No  *If Yes, please supply Manufacturing Test Certificate*

Is there any additional product information that you wish to be considered with this Application?  
 Yes  No  *If yes, please attach details to this application*

## SECTION 4: For applications to modify an existing permit

Existing Permit Number: \_\_\_\_\_

(Please select, to clarify purpose of this application)

- Product modification to existing certification
- Product addition to existing certification
- Upgrade to new Standard / Certification requirements
- Upgrade scope of Permit (Gas certification)
- Renewal of Permit

For each case listed above, where modifications to an existing certification are required, please attach details to this Application. The details should include a detailed description of the modification(s) required and supporting documentation, e.g. Updated specifications, photographs, technical drawings.

**IMPORTANT: ALL PRODUCT CHANGES MUST BE DECLARED.**

## SECTION 5: Terms and Conditions

- (i) Where the applicant is not the manufacturer, I authorise SAGA to contact the manufacturer of the item for which certification is sought and discuss this applicant and my associated obligations.
- (ii) I agree that in consideration of SAGA accepting this application the customer shall comply with and be bound by the relevant Rules Governing, which are expressly incorporated in this application.
- (iii) I agree that I have read and understood the relevant Rules Governing the SGES prior to making this application
- (iv) I acknowledge that SAGA verifies the Technical Design of a sample product supplied by the Importer, Distributor or Supplier and that such verification is used to establish compliance of the Technical Design and or Technical Specification of a sample product with the requirements of applicable standards and/or codes and other requirements of relevant Regulatory Authorities.
- (v) I hereby confirm that the equipment/product conforms to the Pressure Equipment Regulations (PER) R734 15 July 2009
- (vi) I further acknowledge that verification is not a guarantee of product safety
- (vii) I am authorised to sign this application on behalf of the company and to bind the company to comply with the relevant Rules Governing the Scheme
- (viii) A copy of the relevant Rules Governing is available from the SAGA office or from the SAGA website ([www.sagas.co.za](http://www.sagas.co.za))

Signed for and on behalf of the applicant by the undersigned, who warrants that he/she is authorised to sign this application on behalf of the company and to bind the customer to comply with each of the applicant's obligations under the relevant Rules Governing. NOTE: An appropriate authority within the organisation named as the certification holder must sign this application.

Company Name	Contact Person	Designation

Signature	Date

**Application check list for documents submitted:**

Completed application form (s)	
Quality Management System certificate (if accredited)	
Quality Management System Documentation (if not accredited)	
Type Examination Certificate	
Declaration(s) of Conformity	
Product Specifications	

**PLEASE RETURN COMPLETED APPLICATION FORM TO:**

**Southern African Gas Association NPC**  
**Postnet Suite 141,**  
**Private Bag X04,**  
**Fontainebleau, 2032**

**Tel: +27 (0)11 431 2016**

**Fax: +27 (0) 86 525 3415**

**E-mail: [elrien@sagas.co.za](mailto:elrien@sagas.co.za)**

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**FOR OFFICE USE ONLY**

Date Received	
Application Number	
Administration Officer	
Payment Received	
Approved by	
Signature	
Approval date	
Permit Number	