



Southern African Gas Association NPC
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APPLICATION FOR FIRST TIME REGISTRATION AS AN AUTHORISED DOMESTIC OR COMMERCIAL NATURAL GAS 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 registration criteria (publication is available on request or visit www.sagas.co.za).
All information and proof provided comprises the applicants Portfolio of Evidence.*

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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 LEVEL AND CATEGORY YOU ARE APPLYING FOR REGISTRATION (MARK WITH "X")

Categories	Domestic *	Commercial *
Design of a Gas System		
Installation of a Gas System and Appliances		
Maintenance of a Gas System and Appliances		
Commissioning of a Gas System and Appliances		
Re-commissioning of a Gas System and Appliances		

**registration categories will be as per requirements of SANS 827*

(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 description and as such recommended for registration.

Signature: _____

Date: _____

Email: _____

Contact Number: _____

2. QUALIFICATIONS (Legible copies to 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		
Period:	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. GAS EXPERIENCE (*please take note of required information*)

4.1 Persons providing independent services to end-users:

- *Description of the last 5 chronological gas projects, gas installation work done during the period, including magnitude and scope, duties and level of responsibility i.e. installation; maintenance, modifications, repair of pipes and gas appliances*
- *Indicate the min/max pressure used during the period of installation.*
- *Design, inspection and supervision of projects as mentioned above.*
- *Projects to be listed and described in date order and **include contact reference details.***
- *Under whose supervision did you work during the period of installation and provide proof of CoC's issued while under supervision.*

Detailed description of experience as required above:

NB: If space is insufficient, please continue on a separate sheet and add name, date 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. **Pass required course with an aggregate of 80%**
 - c. **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. **Kindly take notice that attendance and completion of the training course is not in itself sufficient to obtain registration as an authorised gas practitioner in one or more of the various categories of registration. Accordingly, 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.**

4. **A single or combination of the categories could be granted depending on qualifications, knowledge, experience, expertise and applications as per your Portfolio of Evidence provided**

5. **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
