



Southern African Gas Association NPC
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APPLICATION FOR RE-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 criteria (publication is available on request or visit www.sagas.co.za).*

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

Please take note of re-registration requirements as per paragraph 2:

1. The applicant needs to provide relevant information of additional acquired gas knowledge and experience applicable over the past 3 years and provide proof thereof
2. All the above culminates in updating the applicants Portfolio of Evidence for review purposes

Initials	
First name	
Surname	
ID no.:	

SAQCC No	
Expiry Date	

Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		
Company Reg No		
Position Held		
Period	From	To
VAT Reg No		
Tel		
Fax		
Cell		
Email		

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

**only applicable if employer details have changed*

1. INDICATE FOR WHICH LEVEL AND CATEGORY YOU ARE APPLYING FOR RE-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.*

If there are additional categories selected in relation to the applicants current licence please provide reasons and proof for each selection on a separate attachment? Should no additional reasons and proof be provided, the additional reregistration categories will be ignored.

Signature: _____

Date: _____

Email: _____

Contact Number: _____

2. GAS EXPERIENCE

2.1 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*
- *Projects or work done to be listed and described in date order and **be supported by providing legible CoC's as proof***

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% (if and when applicable)***
 - 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. A single or combination of the categories could supplement your license depending on qualifications, knowledge, experience, expertise and work done as per your updated 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
