



Southern African Gas Association NPC  
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## APPLICATION FOR RE-REGISTRATION AS AN INDUSTRIAL 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](http://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

<b>Initials</b>	
<b>First name</b>	
<b>Surname</b>	
<b>ID no.:</b>	

<b>SAQCC No</b>	
<b>Expiry Date</b>	

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

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 GAS TYPE AND CATEGORY YOU ARE APPLYING FOR RE-REGISTRATION (MARK WITH "X") (Ensure you discussed the categories with your line manager)**

Natural Gas  LP Gas  (for Industrial Thermo Processing only)

**Category**

Design of an Industrial Thermoprocessing System
Build reticulation pipelines < 2 Bar
Build reticulation pipelines <15 Bar
Installation of Combustion and Fuel Handling Equipment
Maintenance of Combustion and Fuel Handling Equipment
Commissioning of Combustion and Fuel Handling Equipment
Re-Commissioning of Combustion and Fuel Handling Equipment


*(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 Part A – Persons providing independent/contractual services to Users:

- *Description of the last 5 chronological gas projects, gas installations work done during the past 3 years, including magnitude and scope, duties and level of responsibility i.e. pipng; maintenance, alterations, modifications, repair and installation of combustion and fuel handling equipment*
- *Projects or work done to be listed and described in date order and **be supported by providing legible CoC's as proof***

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

### 2.2 Part B – Persons working on company; internal pipelines, combustion and fuel handling equipment or gas systems to provide e.g. *pipng; maintenance, alterations, modifications, repair and installation of combustion and fuel handling equipment including magnitude and scope, level of responsibility. **Provide legible CoC's as proof***

**Detailed description of work done as required in paragraph 2.1 or 2.2 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](http://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:** \_\_\_\_\_

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**Forward application to: [lerato@sagas.co.za](mailto:lerato@sagas.co.za) or fax to 086 525 3415**

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