



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

APPLICATION FOR REREGISTRATION 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.

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	
Position Held	
Period	From To
Company Reg No	
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*

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 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. 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 and **be supported by providing legible CoC's as proof***

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. 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
