



Southern African Gas Association NPC
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APPLICATION FOR RE-REGISTRATION AS A SPECIALISED 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) 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*

1. INDICATE WHICH JOB DESCRIPTION & FIELD OPERATION CATEGORY YOU ARE APPLYING FOR REGISTRATION (ONLY FOR SASOL & EGOLI GAS REGISTRAITON)

Job Description:

Millwright
 Operator

Artisan
 Team Leader

Field Option:

Mechanical
 Instrumentation
 Inspection

Electrical
 Production
 SHEQ`

(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 (Please take note of the required information and complete **Part A or B**)

2.1 Part A – Persons providing independent/sub contracted services to Users:

- *Description of the last 5 chronological gas piping and pipeline projects or installation work done during the period, including magnitude and scope, duties and level of responsibility of each installation as to piping; maintenance, modifications, repair and installations done*
- *Projects or work done to be listed and described in date order and **be supported by providing legible CoC's as proof***

2.2 Part B – Persons working on company internal pipelines e.g. Gas piping and pipeline installations, maintenance, repairs, alterations and/or inspection of work done during the period employed by the company, including magnitude, scope and level of responsibility for each installation. **Provide legible proof**

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 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 only within the registered scope of my SAQCC Gas licence***

Name: _____ **Signature:** _____ **Date:** _____

Forward completed application to lerato@sagas.co.za or fax to 086 525 3415
