



Southern African Gas Association NPC
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 2032

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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.

Initials	
First name	
Surname	
ID no.:	

SAQCC No	
Expiry Date	

Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
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	

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 for each selection on a separate attachment?

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*
- *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.***

Detailed description of experience as required above:

Detailed description of experience as required in par 2.1 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. *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
