



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 FIRST TIME REGISTRATION 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](http://www.sagas.co.za))*

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

The following is to accompany this application:

1. Two (2) colour passport photo's - *endorsed on reverse side with own name and ID no*
2. Certified copy of valid ID or passport

<b>Initials</b>	
<b>First name</b>	
<b>Surname</b>	
<b>ID no.:</b>	
<b>Self employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b>	
<b>Tel</b>	
<b>Fax</b>	
<b>Cell</b>	
<b>Email</b>	

EMPLOYER POSTAL ADDRESS		EMPLOYER STREET ADDRESS	
<b>Address</b>		<b>Address</b>	
<b>Suburb / Town</b>		<b>Suburb / Town</b>	
<b>Province</b>		<b>Province</b>	
<b>Postal code</b>		<b>Postal code</b>	

## 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 level and as such recommended for registration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### 2. QUALIFICATIONS *(Legible copies to be attached to application form)*

<b>Secondary Education:</b>		
<b>Major Subjects</b>		
<b>Level Attained</b>		
<b>Period</b>	<b>From:</b>	<b>To:</b>

<b>Tertiary Education:</b>		
<b>Major Subjects</b>		
<b>Final Qualification</b>		
<b>Period</b>	<b>From:</b>	<b>To:</b>

<b>Apprenticeship/learnership served as</b>	
<b>From:</b>	
<b>To:</b>	
<b>Employer during apprenticeship/learnership:</b>	
<b>Other qualifications or achievements including training and/or specific skills courses attended:</b>	



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](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. *It is imperative that you read and be guided by the SAGA gas practitioner scope and competency policy with regards to all registration requirements applicable. 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: \_\_\_\_\_

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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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