



Southern African Gas Association NPC
PostNet Suite 141
Private Bag X04
Fontainebleau
2032

Tel: +27 (0) 11 431 2016
+27 (0) 11 476 4403

APPLICATION FOR RE-REGISTRATION AS AN AUTHORISED PERSON WORKING IN THE INDUSTRIAL NATURAL GAS INDUSTRY

I hereby apply for re-registration as an authorised person (gas practitioner) in terms of Regulation 17 (1) (c) of the Pressure Equipment Regulations and the SAQCC Gas

*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-reregistration 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

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
Tel		
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 FOR WHICH GAS TYPE AND CATEGORY YOU ARE APPLYING FOR RE-REGISTRATION (MARK WITH "X")

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 re-registration 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. design, inspection, testing, piping; maintenance, alterations, modifications, repair and installation of combustion and fuel handling equipment
- Projects or work done to be listed and described in chronological date order and **be supported by providing legible CoC's as proof**

2.2 Part B – Persons working on company; internal pipelines, combustion and fuel handling equipment or gas systems to provide 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 **Provide legible CoC's as proof**

Detailed description of work done as required in paragraph 2.1 or 2.2 to be completed on Annex A. Please duplicate Annex A for each project provided.

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. Technical Regulation 1 of 2009 (as amended).***
 - b. Antitrust Policy and Meeting rules***
 - c. SAQCC 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. Without detracting from any lawful purpose for processing of personal information in terms of the Protection of Personal Information Act No 4 of 2013, the Gas Practitioner hereby consents to and authorises SAGA to process its Personal Information by disclosing same with a third party for the purpose of pursuing the legitimate interests of SAGA and or the third party by for example providing information and related documentation pertaining to:***
 - Your status of registration;***
 - The gas type and categories for which you are registered; and***
 - Certificates of Conformity issued by you.***
- 5. 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

[illegible]