



Southern African Gas Association NPC  
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## APPLICATION FOR FIRST TIME REGISTRATION AS AN AUTHORISED PERSON WORKING IN THE NATURAL GAS VEHICLE INDUSTRY

I hereby apply for 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](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>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 CATEGORY AND 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 and application 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)*

Secondary Education:	
Major Subjects	
Level Attained	
Period	From: To:

Tertiary Education:	
Major Subjects	
Final Qualification	
Period	From: To:

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

### 3. EMPLOYMENT HISTORY (*Chronological Order*)

#### Present Employer:

Period	From:	To:
Employer		
Type of business		
Position Held		

#### Previous Employer:

Period	From:	To:
Employer		
Type of business		
Tel of business		
Position Held		

#### Previous Employer:

Period	From:	To:
Employer		
Type of business		
Tel of business		
Position Held		

### 4. NATURAL GAS VEHICLE EXPERIENCE

#### PROVIDE THE FOLLOWING REQUIRED INFORMATION:

- 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*
- Under whose supervision did you work during the period of installation and provide proof of CoC's issued while under supervision substantiating your involvement.*

Detailed description of work done as required to be completed on Annex A. 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. 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. 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. 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. 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:** \_\_\_\_\_

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**Forward application to: [lerato@sagas.co.za](mailto:lerato@sagas.co.za)**

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## ANNEX A

[illegible]