



Southern African Gas Association NPC  
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## APPLICATION FOR RE-REGISTRATION AS AN AUTHORISED PERSON WORKING IN THE NATURAL GAS VEHICLE 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](http://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

<b>Initials</b>	
<b>First name</b>	
<b>Surname</b>	
<b>ID no.:</b>	

<b>SAQCC No</b>	
<b>Expiry Date</b>	

<b>Self employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer</b>		
<b>Position Held</b>		
<b>Period</b>	<b>From</b>	<b>To</b>
<b>VAT Reg No</b>		
<b>Tel</b>		
<b>Cell</b>		
<b>Email</b>		

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*

## ADDITIONAL INFORMATION REQUIRED

### 1. INDICATE FOR WHICH CATEGORY AND APPLICATION YOU ARE APPLYING FOR RE-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 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. NATURAL GAS VEHICLE EXPERIENCE

Provide the required information on ANNEX A. Duplicate Annex A for each project provided

- 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 be supported by legible CoC's as proof.

*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. 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
3. 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.
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)

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Project No			
Date			
Project Name			
CoC #			
Thermal Output			
Level of Responsibility			
Contact Person			
Contact Number			
Mark with "X" as to type of work done			
Installation	Maintenance	Commissioning	Re-Commissioning
Description			