



Southern African Gas Association NPC
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2032

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APPLICATION FOR RE-REGISTRATION AS AN AUTHORISED PERSON WORKING IN THE SPECIALISED 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-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

Initials	
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
VAT Reg No		
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 WHICH JOB DESCRIPTION & FIELD OPERATION CATEGORY YOU ARE APPLYING FOR RE-REGISTRATION (ONLY FOR SASOL & EGOLI GAS REGISTRATION)

Job Description:

Millwright ☐
Operator ☐

Artisan ☐
Team Leader ☐

Field Option:

Mechanical ☐
Instrumentation ☐
Inspection ☐

Electrical ☐
Production ☐
SHEQ ☐

(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 piping and pipeline projects or installation work done during the period, including magnitude and scope, duties and level of responsibility of each installation as to design, inspection, testing, piping; maintenance, modifications, repair and installations done
- 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 e.g. Gas piping and pipeline installations, maintenance, repairs, alterations and/or inspection of work done during the period employed by the company, including magnitude, scope and level of responsibility for each installation. *Provide legible 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. *Competition and Anti-Trust 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*
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. *The SAQCC GAS NPC has been officially appointed and mandated by the Department of Employment and Labour to register gas practitioners within the various gas industries in South Africa, as represented by the four member associations in respect of which Southern African Gas Association NPC is one. Accordingly, your personal information will/may be received via member Association's for processing by the SAQCC GAS NPC however such processing will be compliant with the Protection of Personal Information Act No 4 of 2013 and only to perform its functions as mandated or as otherwise allowed by law. For more information about the SAQCC GAS NPC you can visit its website at www.saqccgas.co.za*
6. *I may only perform work within the borders of South Africa as only within the registered scope of my SAQCC Gas licence*

Name: _____ Signature: _____ Date: _____

Forward completed application to lerato@sagas.co.za

Project No	
Date	
Project Name	
CoC #	
Pipe Size and Pressure	
Level of Responsibility	
Contact Person	
Contact Number	
Description	
