

# SAFE GAS EQUIPMENT SCHEME

## APPLICATION FOR AN EQUIPMENT VERIFICATION PERMIT



ES 001

This is an Application made under and in accordance with the requirement of the Occupational Health & Safety Act – No 85 of 1993 and Pressure Equipment Regulations (PER), R734 of 15 July 2009

### SECTION 1: Applicant Details *(the applicant is the sole legal entity to be recorded as the Permit Holder)*

<b>Company Name / Legal Entity</b> <i>(attach a current copy of CIPC registration details)</i>	
<b>Physical Address</b>	
<b>Postal Address</b>	
<b>Telephone</b>	
<b>Facsimile</b>	
<b>E-mail</b>	
<b>Responsible Person</b> <i>(Person appointed to administer the application on behalf of the business)</i>	
<b>Designation</b>	
<b>Company Registration Number</b>	
<b>Company VAT Number</b>	

### SECTION 2: Applicants Quality Management System Information

If the following information has previously been provided via a separate application form to SAGA and the information is the same, please record the Application permit number here:

#### IF THIS IS A NEW APPLICATION, PLEASE COMPLETE

**PART A:** To be completed if the manufacturer has a Quality Management System accredited to ISO 9001 or Quality Assurance processes accredited to PED/SANS 347 Modules D; E; H; H1 or GAR Modules C2; D; E

***Please attach a current copy of your Certificate of Accreditation***

Please supply Certificate Number:

**PART B:** To be completed if the manufacturer has Quality Assurance of the production process or for type of pressure equipment but it is NOT accredited to ISO 9001.

Please describe below what Quality Assurance processes in place to ensure that the equipment meets the relevant certified design and attach a copy of relevant sections of the Quality Assurance processes to support your statement(s):

**PART C:** Does the manufacturer have the license / agreement to manufacture any international trademarks locally? Please describe below what measures you have in place to ensure that your product meets the relevant certified design? Please attach all relevant Quality Assurance documentation in support of your statement(s).

**SECTION 3: New Application / New Permit (All fields are mandatory)**

See Appendix A for list of Equipment Categories

<b>CATEGORY</b>						
<b>SUB-CATEGORY</b>						
<b>MAKE OF EQUIPMENT</b>						
<b>PRODUCT DESCRIPTION</b>						
<b>MODEL NUMBERS/SERIES</b>						
<b>SIZE</b>						
<b>GAS TYPE</b>	<b>Natural Gas</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>LPG</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>MAX DESIGN PRESSURE</b>	kPa		kPa			
<b>PRODUCTION/PROTOTYPE</b>	Production		Prototype			
<b>QMS CURRENTLY ACCREDITED TO ISO 9001 (CERTIFICATE ATTACHED?)</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>TYPE EXAMINATION CERTIFICATE NUMBER (CERTIFICATE ATTACHED?)</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>DECLARATION OF CONFORMITY NUMBER (CERTIFICATE ATTACHED?)</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>DIRECTIVES EQUIPMENT COMPLIES WITH</b>						
<b>TEST HOUSE/NOTIFIED BODY (NAME &amp; NUMBER)</b>						
<b>STANDARDS EQUIPMENT COMPLIES WITH</b>						

## SECTION 4: For applications to modify an existing permit

Existing Permit Number: \_\_\_\_\_

(Please select applicable request to clarify purpose of this application)

- Equipment modification to existing certification
- Equipment addition to existing certification
- Upgrade to new Standard / Certification requirements
- Upgrade scope of permit (Gas certification)
- Renewal of Permit

For each case listed above, where modifications to an existing certification are required, please attach details to this application. The details should include a detailed description of the modification(s) required and supporting documentation, e.g. Updated specifications, photographs, technical drawings.

**IMPORTANT: ALL PRODUCT CHANGES MUST BE DECLARED.**

## SECTION 5: Terms and Conditions

- (i) Where the applicant is not the manufacturer, I authorise SAGA to contact the manufacturer of the equipment for which certification is sought to discuss this application
- (ii) I agree that in consideration of SAGA accepting this application the applicant shall comply with and be bound by the Rules Governing the Scheme, which are expressly incorporated in this application.
- (iii) I agree that I have read and understood the relevant Rules Governing the Scheme prior to making this application
- (iv) I acknowledge that SAGA verifies the Technical Design of a sample product supplied by the Manufacturer, Importer, Distributor or Supplier and that such verification is used to establish compliance of the Technical Design and or Technical Specification of a sample product with the requirements of applicable standards and/or construction codes.
- (v) I hereby confirm that the equipment conforms to the Pressure Equipment Regulations (PER) R734 15 July 2009
- (vi) I further acknowledge that verification is not a guarantee of product safety
- (vii) I am authorised to sign this application on behalf of the company and to bind the company to comply with the relevant Rules Governing the Scheme
- (viii) A copy of the relevant Rules Governing is available from the SAGA office or from the SAGA website ([www.sagas.co.za](http://www.sagas.co.za))

Only a person duly authorised within the organisation shall sign this application.

Signed for and on behalf of the applicant by the undersigned, who warrants that he/she is authorised to sign this application on behalf of the company.

Company Name	Contact Person	Designation

Signature	Date

**Application check list for documents submitted:**

Completed application form(s)	
Quality Management System certificate (if accredited)	
Quality System Documentation (if not accredited)	
Type Examination Certificate	
Declaration of Conformity	
Product Specifications	

**PLEASE SEND COMPLETED APPLICATION VIA:**

**COURIER / HAND DELIVERY:**

**Southern African Gas Association NPC  
27 Princes Avenue  
Windsor West  
Randburg, 2194**

**EMAIL**     [elrien@sagas.co.za](mailto:elrien@sagas.co.za)

**Tel: +27 (0)11 431 2016**

**Fax: +27 (0) 86 525 3415**

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**FOR OFFICE USE ONLY**

Date Received	
Application Number	
Administration Officer	
Payment Received	
Approved by	
Signature	
Approval date	
Permit Number	