

SAFE GAS EQUIPMENT SCHEME

APPLICATION FOR AN EQUIPMENT VERIFICATION PERMIT



In accordance with the requirement of the **Occupational Health & Safety Act – No 85 of 1993 and Regulation 5 (3) of the Pressure Equipment Regulations (PER), R734 of 15 July 2009**

SECTION 1: Please select applicable request to clarify the purpose of this application:

- New Application
- Renewal of Permit - Permit Number: _____
- Modification / Addition / Upgrade (see section 5)

SECTION 2: Applicant Details *(the applicant is the sole legal entity to be recorded as the Permit Holder)*

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

SECTION 3: Applicants Quality Management System Information

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 and valid copy of the Certificate of Accreditation

Please supply Certificate Number:

PART B: To be completed if the manufacturer has Quality Assurance processes but is NOT accredited to ISO 9001 or any PED/SANS 347 Modules D; E; H; H1 or GAR Modules C2; D; E

Please describe below which Quality Assurance processes are 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 4: New Application / Renewal of Permit (All fields are mandatory)

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

SECTION 5: Modification / Additions / Upgrade

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), addition(s), upgrade(s) required and supporting documentation, e.g. updated design specifications, photographs, technical drawings. Please select the one applying for:

- Equipment modification to existing certification
- Equipment addition to existing certification
- Equipment upgrade to new standards
- Upgrade scope of permit

SECTION 6: 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 Rules Governing the Scheme prior to making this application.
- (iv) I acknowledge that SAGA verify 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.safegasequipment.co.za)

On acceptance of this application information such as, *company name and product details* may be displayed on our website www.safegasequipment.co.za and you hereby consent accordingly.

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:

EMAIL elrien@sagas.co.za

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

FOR OFFICE USE ONLY

Date Received	
Administration Officer	
Approved by	
Signature	
Approval date	
Permit Number	
Comments	