

# SAFE GAS EQUIPMENT SCHEME

## APPLICATION FOR PRODUCT CERTIFICATION AND REGISTRATION



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 Certificate holder)*

<b>Company Name / Legal Entity</b> <i>(attach a current copy of Company 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 elected by the board to administrate SGES on companies behalf)</i>	
<b>Designation</b>	
<b>SAPGA Membership Number</b>	
<b>Company Registration Number</b>	
<b>Company VAT Number</b>	

**SECTION 2: Applicant Quality Management System (QMS) Information**

If the following information has previously been provided via a separate application form to SAPGA 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 supplier is or the original manufacturer has a Quality Management System (QMS) currently accredited to ISO 9001. Please attach a current copy of your Certificate of Accreditation  
 Please supply Certificate Number below:

**PART B:** To be completed if the supplier has a QMS but it is NOT accredited to ISO 9001.  
 Please describe below what QA measures you have in place to ensure that your product match the relevant certified design and attach a copy of relevant parts of your QMS documentation to support your statement(s):

**PART C:**

Does the supplier have the license / agreement to manufacture any international trade marks locally?  
Please describe below what measures you have in place to ensure that your product match the relevant certified design? Please attach all relevant QMS documentation.

<b>SECTION 3:</b>	<b>New Application/ New Permit</b>
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*See Appendix A for list of Equipment Categories*

<b>Category:</b>						
<b>Sub-Category:</b>						
<b>Make of equipment:</b>						
<b>Model Numbers/Series:</b>						
<b>Product description:</b>						
<b>Manufacturer:</b>						
<b>Size:</b>						
<b>Gas Type:</b>	NG:		LPG:		Other:	<i>Please specify</i>
<b>Max operating Gas Pressure:</b>		kPa		kPa		kPa
<b>Production or Prototype:</b>						
<b>Equipment certified:</b>	Yes:		No:			
<b>Certificate attached:</b>	Yes:		No:			
<b>Certificate Number:</b>						
<b>Directive equipment complies with:</b>						
<b>Standards equipment was examined to:</b>						
<b>Test House/ Notified Body:</b> (Name & No.)						

Has the product been subject to any Application for certification before?

Yes  No

*If Yes, please supply Manufacturing Test Certificate*

Is there any additional product information that you wish to be considered with this Application?

Yes  No

*If yes, please attach details to this application.*

<b>SECTION 4: For Applications to modify an existing Permit</b>
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Existing Permit Number \_\_\_\_\_

(Please select, to clarify purpose of this application)

- Product modification to existing certification
- Product 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, eg. Updated specifications, photographs, technical drawings. **IMPORTANT: ALL PRODUCT CHANGES MUST BE DECLARED.**

<b>SECTION 5: Terms and Conditions</b>
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- (i) Where the applicant is not the manufacturer, I authorise SAPGA to contact the manufacturer of the item for which certification is sought and discuss this applicant and my associated obligations.
- (ii) I agree that in consideration of SAPGA accepting this application the customer shall comply with and be bound by the relevant Rules Governing, which are expressly incorporated in this application.
- (iii) I agree that I have read and understood the relevant Rules Governing prior to making this application
- (iv) I acknowledge that SAPGA certifies the Technical Design of a sample product to it by the customer and that such certification is based on an assessment by SAPGA to establish compliance of the Technical design of a sample product with the requirements of applicable standards and/or codes and other requirements of relevant Regulatory Authorities.
- (v) I further acknowledge that certification is not a guarantee of product safety
- (vi) I am authorised to sign this application on behalf of the applicant and to bind the company to comply with the relevant Rules Governing
- (vii) I acknowledge:
  - a. Italicised words in this application bear the same meaning as in the relevant Rules Governing
  - b. A copy of the relevant Rules Governing is available from the SAPGA office or from the SAPGA website ([www.sapga.co.za](http://www.sapga.co.za))

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 and to bind the customer to comply with each of the applicant's obligations under the relevant Rules Governing. NOTE: An appropriate authority within the organisation named as the certification holder must sign this application.

Company Name	Contact Person	Designation

Signature	Date

<b>PLEASE RETURN COMPLETED APPLICATION FORM TO:</b>	<b>SAPGA</b> <b>Postnet Suite 141, Private Bag X04,</b> <b>Fontainebleau, 2032</b> <b>TEL: +27 (0)11 431 2016</b> <b>FAX: +27 (0) 86 619 5842</b> <b>EMAIL: <a href="mailto:vanessa@sapga.co.za">vanessa@sapga.co.za</a></b>
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**FOR OFFICE USE ONLY**

Date Received	
Application Number	
Administration Officer	
Payment Option	
Payment Received	
Approved by	
Approved date	
Permit Number (if applicable)	