

GTc PS (1a)

APPLICATION FOR REGISTRATION AS A

GEOMATICS TECHNICIAN : PHOTOGRAMMETRIC SURVEYING

In terms of

ACT NO 19 OF 2013 : GEOMATICS PROFESSION ACT 2013

**The Registrar
South African Geomatics Council**

I the undersigned, (Full Names)-----

of (Address) -----

hereby apply for registration as a Geomatics Technician : Photogrammetric Surveying.

I ★swear/make affirmation★ and declare that the contents of this application are true and further :

- (a) That I am the person mentioned in the accompanying letter signed by representatives of SAGC and on the certified copies of qualifications which I wish to be entered in the Register and which are hereby submitted in support of my application;*
- (b) That I am not according to law detained as a mentally ill person;*
- (c) That I have never been convicted of an offence and sentenced in respect thereof to imprisonment without the option of a fine;*
- (d) That I have never been removed from an office of trust on account of improper conduct;*
- (e) That I ★am/am not★ insolvent and that I ★have/have not★ assigned my estate for the benefit of creditors, and that I ★have/have not★ compounded with my creditors.*

Place

Date

Signature

NOTE : ***This must be signed before a Commissioner of Oaths.***

★Delete whichever is not applicable★

I certify that before the deponent made the ★oath/affirmation★ I asked ★him/her★ the following questions and wrote down ★his/her★ answers in ★his/her★ presence:

(i) Do you know and understand the contents of this declaration?

Answer: _____

(ii) Do you have any objection to taking the prescribed ★oath/making the prescribed affirmation★?

Answer: _____

(iii) Do you consider the prescribed ★oath/affirmation★ to be binding on your conscience?

Answer: _____

I certify that the deponent has acknowledged that ★he/she★ knows and understands the contents of this declaration, which was ★sworn to/affirmed★ before me, and that the deponent's signature was placed thereon in my presence.

Commissioner of Oaths: _____

Designation (Rank): _____

Date: _____

★ **Delete whichever is not applicable.**

APPLICATION FOR REGISTRATION AS A
GEOMATICS TECHNICIAN : PHOTOGRAMMETRIC SURVEYING

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PERSONAL INFORMATION

1. Full Name(s) of Applicant _____
2. Postal Address _____

3. Telephone (W) ; _____ Fax ; _____
4. Cell _____ -e-mail _____
5. Date of Birth _____
6. Identity Number ◆ _____
◆ **Please include certified copies of your identification document and degree certificate.**
7. Current Employer _____
8. Present Position _____
9. Date Appointed _____
10. Previous Employer(s) _____

11. Tertiary Academic Qualifications: ♦
♦ Please include certified copies of your identification document and degree certificate.

Qualification	Institute	Date Completed

12. Summary of Photogrammetric Experience: _____

(A detailed and certified Schedule of Experience with regard to all Photogrammetric work undertaken since obtaining the National Diploma: Surveying or the old National Higher Diploma: Surveying should be submitted with this application).

13. Signature of Applicant: _____ Date: _____

CERTIFICATE OF COMPETENCY

(One copy for each Employer / Supervisor)

Issued in favour of for registration

as a ★Geomatics Technician : Photogrammetric Surveying / Geomatics Technologist :
Photogrammetric Surveying as contemplated in Section 22 of Act 40 of 1984.

I, ★Professional Surveyor / SAGC
registered Photogrammetric Surveyor, hereby declare that

.....

is a competent ★Geomatics Technician : Photogrammetric Surveying / Geomatics
Technologist : Photogrammetric Surveying who can carry out the variety of tasks and
procedures within the specified standards of accuracy as defined in the training requirements
in ★paragraph 3 (Photogrammetric Survey Technician) /paragraphs 3 and 4
(Photogrammetric Surveyor) in the Notes for Guidance for Registration as a Geomatics
Technician : Photogrammetric Surveying / Geomatics Technologist : Photogrammetric
Surveying.

Signed : Date :

★Delete which is not applicable.

CONFIRMATION OF EMPLOYMENT
(Geomatics Technician : Photogrammetric Surveying)

(Applicant) Full name:.....

Registration Number: (If applicable)

Name of Employer:

Your job description:

Name and Registration number of the Registered person responsible for your training:

.....Registration No.....

Street Address of your usual place of work:

.....

.....

Postal Address:

..... Code

Contact details. (normal working hours.)

Telephone:

Fax:

Cell phone:

Email:

(Applicant) I,, hereby confirm that the above information is correct and that I am in the full time employment of the employer as described above.

Signature:.....

Date

DECLARATION BY SUPERVISOR / EMPLOYER

I,Registration number.....

hereby confirm that is employed as described above and that he works under my supervision as required in terms of the Act.

Signature:

Date;

CERTIFICATE OF EMPLOYMENT

(One copy for each Employer / Supervisor)

I, a ★Professional Surveyor /
Photogrammetrist / SAGC registered Photogrammetric Surveyor, practising in the Republic
of South Africa, do hereby certify that
has been engaged in survey work under my personal supervision for the following periods
and performing photogrammetric work in the following categories :

Periods :.....	Category : e.g.	
.....		Flight Planning
.....		Aerial Triangulation
.....		Stereo Map Compilation
.....		Cadastral Compilation
.....		Principles of Field Survey for Photo Control
.....		Flying and processing of Aerial Photography

PARTICULARS OF WHICH IN REGARD TO THE TIME AND NATURE OF THE WORK,
ARE ANNEXED.

Dated at on theday of

Signed :

★ Professional Surveyor / Photogrammetrist / Photogrammetric Surveyor,

★Delete which is not applicable.