



SOUTH AFRICAN
GEOMATICS COUNCIL

Established Ro Act 19 of 2013

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Unit 4, Heritage Park, Hunslet Street,
Off Lower Germiston Road, ROSHERVILLE
PO Box 83018, SOUTH HILLS, 2136

FORM GTc ES (1a)

**APPLICATION FOR REGISTRATION AS A
GEOMATICS TECHNICIAN : ENGINEERING SURVEYING (GTc ES)**

**In terms of
ACT NO 19 OF 2013 : GEOMATICS PROFESSION ACT 2013**

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

of (Address) -----

hereby apply for registration as a **Geomatics Technician : Engineering Surveying**.

I *swear/make affirmation* and declare that the contents of this application, as presented by this form and the accompanying **Form ST2**, 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 respondent's signature was placed thereon in my presence.

Commissioner of Oaths: _____

Designation (Rank): _____

Date: _____

Delete whichever is not applicable

APPLICATION FOR REGISTRATION AS A
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In terms of
ACT NO 19 OF 2013 : GEOMATICS PROFESSION ACT 2013

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 _____

7.1 Present Position _____

7.2 Date Appointed _____

7.3 I certify that the candidate is in my employment and is not a partner or principal in the firm.

Signature of Employer: _____ Date: _____

Name of Employer: _____ Stamp: _____

8. Previous Employer(s) _____

9. Tertiary Academic Qualifications: ◆

◆ Please include certified copies of your identification document and degree certificate.

Qualification	Institute	Date Completed

10. Attached Certificate of approval of Experiential Training issued by (UoT):

11. Summary of Surveying Experience: _____

(A detailed and certified Schedule of Experience with regard to all survey work undertaken since enrolling for the National Diploma: Surveying should be submitted with this application).

12. Signature of Applicant: _____ Date: _____

CONFIRMATION OF EMPLOYMENT

GEOMATICS TECHNICIAN : ENGINEERING 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 EXPERIENTIAL TRAINING

Issued in favour of :

for registration as a Geomatics Technician : Engineering Surveying in terms of Act No. 19 of 2013 : Geomatics Profession Act 2013.

I, in my capacity as

At (UoT) hereby declare that :

.....

has had the necessary training to carry out triangulation breakdowns, traversing, calculations and levelling to the required standards as set out in paragraph 2.2 of the Notes for Guidance of Technical Surveyors and Trial Survey candidates.

UNIVERSITY STAMP. ;

Dated at on theday of

Signed :