1. **Checklist**

|  |
| --- |
| Application checklist |
| **Business Name** |  |  |  |
| **Business registration number** |  |  |  |
| **Physical address** |  |  |  |
| **Suburb** |  |  |  |
| **City/Town** |  |  |  |
| **Province** |  |  |  |
| **PO Box**  |  |  |  |
| **Post Office** |  |  |  |
| **Postal Code** |  |  |  |
| **Discipline (Mass/Volume/Other)** |  |  |  |
| **Designation Verification** |  |  |  |
| **Designation Repair** |  |  |  |
| **Accreditation Status**  |  |  |  |
| **Accreditation From** |  |  |  |
| **Accreditation To** |  |  |  |
| **For new application:** |  |  |  |
| **Entrenchment Start date** |  |  |  |
| **Entrenchment Due Date** |  |  |  |
| **Application form completed in full** |  |  |  |
| **Certificate of accreditation attached** |  |  |  |
| **Letter of Good standing from DOL attached**  |  |  |  |
| **Letter of Good standing expiry date** |  |  |  |
| **SARS Tax clearance certificate attached** |  |  |  |
| **SARS – Tax clearance expiry date** |  |  |  |
| **CIPC registration certificate attached** |  |  |  |
| **BBBEE Certificate attached (SANAS Accredited Agency)** |  |  |  |
| **BBBEEE Level** |  |  |  |
| **BBBEE expiry date** |  |  |  |
| **Sworn-Affidavit – dti**  |  |  |  |
| **Financial accountant Affidavit/letter to support sworn affidavit** |  |  |  |
| **Supporting documents adequate Yes/No** |  |  |  |
| **Signature** |  |  |  |
| **FOR OFFICE USE** |  |  |  |
| **JDE ACCOUNT NUMBER** |  |  |  |
| **Acknowledge receipt include quote** |  |  |  |
| **Designation Number** |  |  |  |
| **Designation Date** |  |  |  |
| **SO Number** |  |  |  |
| **Invoice number** |  |  |  |
| **Payment date** |  |  |  |

**1. General**

This form must be completed by bodies seeking LM designation as a Repair Body.

All fields of the application form MUST be completed in full.

*Tick/highlight applicable box:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **New Application** |  | **Renewal** |  | **Update existing info** |  | **Entrenchment** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Existing Repair body** | **Yes** | **No** | **One man Repair Body** | **YES** | **NO** |
| **Existing Verification Body** | **Yes** | **No** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SANAS LTF number** |  | **NRCS Repair Body Designation number (LM number)** |  |

**2. Repair body details**

|  |
| --- |
| Company name [certificates will be issued on this name] |
| Trading name |  |
| Company\* |  |
| Registration number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VAT number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Income tax number |  |  |  |  |  |  |  |  |  |  |  |  |  |

**3. Contact Person**

|  |  |
| --- | --- |
| Name, Surname |  |
| Position in company |  |
| Telephone number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alternative /number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email address |   |
| Email address (alternative) |   |

\* In the case of applicant being a one-man concern, kindly furnish ID number, and provide copy of ID documents.

|  |  |
| --- | --- |
| Postal Address |  |
| Physical address |  |

**4. Level of Broad-based Black Economic Empowerment – status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your company been evaluated against the requirements for BBBEE? |  | yes |  | no |
| If yes, please attach the certificate/proof of status |  |  |  |  |
| Are you exempted? |  | Yes |  | No |
| Provide a sworn affidavit: |  |  |  |  |
| Provide statement from accountant: |  |  |  |  |

**5. Official NRCS use Only**

|  |  |  |
| --- | --- | --- |
| Application  | Approved | Not Approved |
| LM Designation Certificate No |  |  |  |  |  |  |  |  |
| Date if Issue | Y | Y | Y | Y | M | M | D | D |
| Serial Number |  |  |  |  |  |  |  |  |

**6. Measurement standards**

|  |
| --- |
| List all measurement standards owned to cover scope applying for |
| **Description** | **Serial Number** | **Calibration Date** | **Calibration Laboratory** | **Own/Loan** |
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**7. List details of current employees**

details of current employees involved in activities in the purview of the Legal Metrology Act, 2014 (Act 9 of 2014) (Repairers, Lab representatives.)

*For RACE the following applies A - African/Asian; I - Indian; C – Colored; W - Caucasian*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Full Names** | **Title** | **ID Number** | **Repair Certificate Number** | **Sealing Plier Number** | **Gender** | **Race** | **Categories as per Repair Certificate** |
|  |  |  |  |  |  |  |  |  |
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I/ We confirm that the information provided is correct

|  |  |
| --- | --- |
|  |  |
| Name in Print | Position in company |
|  | Y | Y | Y | Y | M | M | D | D |
| Place | Date |
|  |  |
| Signature |

# **Important information regarding designation:**

Please use the dedicated NRCS e-mail address for all Repair body, Repair body, Exams and General Assessment related documents.

Kabelo.tshele@nrcs.org.za

Repair bodies must submit proof of valid

a) SANAS Accreditation certificate

b) SARS Tax clearance certificate

c) COID Letter of good standing

d) BBBEE Certificate/or sworn affidavit obtained from the dti website with letters from SANAS accredited Agency and accountant confirming exemption.

e) CIPC Company registration

Note: Items b), c), d) and e) expires annually. It is the responsibility of the body to submit the updated documents annually to prevent designation to be withdrawn.

Applicants will be contacted by e-mail, and must therefore submit an e-mail address.

The NRCS reserves the right to accept or reject any application.

Prospective repair body must comply with all the designation criteria.

DESIGNATION FEES ARE TO BE PAID ANNUALLY