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|---|--|---------------------------------------|
|  | APPLICATION FOR THE CERTIFICATION OF CIVIL ENGINEERING MATERIAL TESTERS: AGGREGATES | (For office use only) |
| | | REFERENCE No. CC |

NOTE: Please familiarise yourself with the latest updated Document NLA-CC-I-01, available on the NLA-SA website, before completing this form

A: APPLICANT DETAILS

| | | | | | |
|---------------------|--|-------|--|---|--|
| Date | | Title | | New Application <input type="checkbox"/> Extension <input type="checkbox"/> Recertification <input type="checkbox"/> | |
| Names | | | | | |
| Surname | | | | | |
| ID No. | | | | | |
| Position / Function | | | | | |
| Physical Address | | | | Tel | |
| | | | | | |
| Postal Address | | | | Tel | |
| | | | | | |
| Cell | | | | | |
| E-mail | | | | | |

B: CIVIL ENGINEERING MATERIAL TESTER CERTIFICATION SOUGHT

(Tick the applicable certification level)

Material Tester

Compulsory methods required for certification:

Aggregate sampling: Conveyors and Stockpiles

Sampling & preparation: Riffing and Coning & quartering

Aggregate grading & shape test: Sieve analysis and ALD (direct measure only) and Flakiness Index

Aggregate density & strength tests: LBD/CBD and BD, AD & water abs \pm 5 mm and ACV & 10% FACT

Specify any additional method(s) for which the applicant would like to be certified

(NOTE: Not applicable for first registration)

C: QUALIFICATIONS *(Please submit certificate of completion for highest qualification obtained)*

NOTE: As an option an applicant may submit a CV, detailing all information required in this section. The CV must be clear and unambiguous.

| | |
|--|--|
| Year obtained | |
| School/College/Univ. of Technology/University | |
| Level <i>e.g. Matric / Degree / Diploma / Certificate</i> | |

EXPERIENCE *(Please indicate relevant experience for certification sought. Use addition sheet(s) if required)*

| Date (from) | Date (to) | Name of Employer and nature of Business <i>(Last five positions, most recent first)</i> | Position held and detail of work performed <i>(Indicate experience in performing technical work and/or quality assurance)</i> |
|--------------------|------------------|--|--|
| | | | |
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| | | | |
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| | | | |

Additional Motivation *(Information pertinent to this application)*

CURRENT MEMBERSHIP OF PROFESSIONAL INSTITUTIONS *(Complete if applicable)*

| Year | Institution | Membership Grade |
|------------------------|---|--|
| | | |
| | | |
| | | |
| Member of the NLA – SA | <input type="checkbox"/> Y <input type="checkbox"/> N | Corporate Membership <input type="checkbox"/> Individual Membership <input type="checkbox"/> |

| D: RELEVANT TRAINING AND PRACTICAL EXPERIENCE <i>(This section deals with training and practical experience as detailed in sections 8.2 and 8.4 in Document NLA-CC-I-01)</i> | | | | |
|---|---|--|------------------------|---|
| Year | Training Provider (in-house or external) | Course attended and/or certificate obtained | Duration (Days) | Attendance or Examination passed |
| Onsite theoretical training <i>(Please submit certificate of completion or certificate of attendance, where applicable)</i> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other relevant courses attended <i>(Please submit certificate of completion or certificate of attendance, where applicable)</i> | | | | |
| | | ISO/IEC 17025 System Course | | |
| | | Introduction to Measurement | | |
| | | Uncertainty of Measurement (Physical) | | |
| | | | | |
| | | | | |
| Practical experience <i>(Please submit bench sheets as evidence as well as written proof of applicant meeting the requirements of all relevant legislation)</i> | | | | |
| Company | Practical experience | Date (from) | Date (to) | |
| | Draw from storage and assemble testing apparatus for the relevant test | | | |
| | Check compliance of apparatus to specifications of test method | | | |
| | Execute laboratory and housekeeping activities | | | |
| | Organise samples, data information and documentation | | | |
| | Conduct sampling of aggregates | | | |
| | Extract a representative and sized test sample | | | |
| | Determine particle distribution and particle shape of aggregates | | | |
| | Determine the density and strength of aggregates | | | |
| | Processes and procedures for conducting laboratory activities, housekeeping and organising data | | | |
| | Processes and procedures of executing field sampling | | | |
| | Processes and procedures of executing sample preparation activities and conducting physical testing of aggregate materials, calculating and submitting results of aggregate materials | | | |

E: CODE OF CONDUCT

In applying for certification with the NLA – SA CivCert Certification scheme, I recognise the important role that laboratories play in performing tests and calibrations for industry and consumers in South Africa and the SADC region in general. I hereby commit myself to the highest ethical and professional standards and agree to the following:-

- to accept responsibility for the performance of the tests carried out by myself and to respect the confidentiality thereof;
- to promptly advise my superior of measurement results which indicate a potential or inherent environmental, health, safety, or any other related risk with the product or material submitted by the client;
- to avoid real or perceived conflicts of interest whenever possible and to disclose them to the affected parties when they do exist;
- to be honest and realistic in stating claims or estimates based on available data;
- to reject bribery in all its forms;
- not to knowingly falsify or alter measurement data, provide misleading information or conduct work below the standard expected by regulations or general industry expectations;
- to improve the understanding of technology and the appropriate application thereof together with any potential consequences;
- to maintain and improve technical competence and to undertake tasks only if qualified by training or experience or after full disclosure of pertinent limitations;
- to seek, accept and offer honest criticism of technical work performed and to acknowledge, correct errors and to properly credit the contributions of others;
- to treat fairly all persons regardless of such factors as race, religion, gender, disability, age or national origin;
- to avoid injuring others, their property, reputation or employment by false or malicious action;
- to assist colleagues and co-workers with their professional development;
- to protect and preserve the corporate image and reputation of the NLA – SA;
- to protect and preserve the assets both physical and intellectual of the NLA – SA;
- to support all members of the NLA – SA in following this code of conduct;

I understand that the NLA – SA may withdraw or suspend my certification or scope of certification with immediate effect, should I be found in contravention of any of the above principles as well as additional conditions stated in document NLA-CC-I-01. I also understand that I have certain duties and responsibilities as a certified person as per document NLA-CC-I-01 and agree to abide by these.

.....
Printed Name

.....
Signature

.....
Date

F: SPECIAL NEEDS *(Please declare, within reason, a request for accommodation of special needs such as physical disabilities, illiteracy or language which may influence your ability to complete an examination or evaluation. Health & Safety regulations will apply which may exclude certain special needs applicants.)*

NOTE: Applications will only be considered for evaluation when:

- *all sections of this form have been completed;*
- *the application fee has been received;*
- *all supporting documentation and evidence have been submitted.*

G: DECLARATIONS

Declaration by Applicant

I hereby declare that the information contained in this application is a true statement of facts.

I confirm that I understand that the information will be kept on record by the NLA – SA and, although confidential, relevant information (name, contact details, certification status and scope) will be published on the NLA – SA website and/or made available to parties wishing to verify details of my certification.

I understand that no information other than the above will be made available by the NLA – SA to any third party without the written consent of the certified person, except as provided for in terms of the Protection of Personal Information (POPI) Act, 2013.

I agree to supply all information needed for the evaluation.

I also agree to comply with the certification requirements of this Scheme which may from time to time be subject to change.

I understand that, once certified, I am obliged to notify the NLA – SA without delay of any changes which may affect my capability to fulfil the certification requirements.

Name:

Signature:

Date:

Company details for payment purposes

Company name:

VAT Registration number:

P.O. Box address:

Finance contact person:

Contact e-mail address:

Declaration of support by the Company

I, the undersigned, acknowledge that this application is made on behalf of the company and confirm the above company details for payment purposes.

Name:

Signature:

Position:

Date: