

## Section A: Company Details

cidb CRS Number	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Company Name	<input type="text"/>						
Contact Person Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	Surname <input type="text"/>		
Designation	<input type="text"/>						
e-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Office Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>				

## Section B: Registered Class of Works and Grade

General Building (GB)	<input type="text"/>	Grade	<input type="text"/>
Civil Engineering (CE)	<input type="text"/>	Grade	<input type="text"/>

## Section C: Nominated Representative

*Please complete separate forms for EACH representative and competence category*

Nominated Representative Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	Surname <input type="text"/>			
Position in Organisation	<input type="text"/>							
Full Time Employee of Applicant Organisation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If No; Affiliation of Applicant	<input type="text"/>							
Employee Organisation	<input type="text"/>							
e-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Office Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ID / Passport Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### C.1 Application for New Assessment or for Recognition of Existing Accreditation of the Nominated Representative (Please Tick)

Assessment of Competence within the required Class of Works and Category

Or

Existing Recognition within the required Class of Works and required Category (or higher)

If New Assessment, please complete Sections C.2 to C.7

If Existing Assessment, please complete Section C.7

## C.2 Competence Categories to be Assessed

**For GB or CE Grades 7 to 9:** Construction Manager (SACPCMP)

Engineer (ECSA)

**General Building (GB):** Business Management

Building & Construction Works Management

**Civil Engineering (CE):** Business Management

Building & Construction Works Management

### *C.3 Request for Recognition of Qualifications or Assessment of Prior Learning*

## Request for **recognition of qualifications**

(where representative holds the required minimum qualifications)

## Request for **Assessment of Prior Learning**

**(APL)** (where representative does not hold the required minimum qualifications) **Note: The APL will be conducted at a fee of R4 500 (four thousand five hundred Rand)**

APL interviews are conducted in English. Do you need an interpreter? Yes  No   
If yes, please specify language

**C.4 Qualifications**  
*(Please attach certified copies of all relevant qualifications)*

*C.5 Registration with Professional Associations  
(Please attach certified copies of all relevant documents)*

## *C.6 Relevant Work Experience*

### *C.7 Declaration by Nominated Representative and Contractor*

I, the undersigned declare that:

- *I am duly authorised to sign this application on behalf of the above contractor;*
- *The information furnished, as well as all documentation submitted in support of this application, is true and correct in every respect and have been lawfully obtained.*

Signature of Nominated Representative					Date	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D
Signature of Director of Company or delegated representative					Date	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D

## ***Section D: Banking Details and Proof of Payment***

Payment by Electronic Transfer or Bank Deposit. Our banking details are as follows:

Account Name:	Construction Industry Development Board	Account Number:	03 224 3464
Bank:	Standard Bank	Bank Code:	01-23-45-15
Branch:	Menlyn	Account Type:	Current Account
Your Reference:	Please use your CRS number followed by the word "APL" eg. CRS 123456APL		

Proof of payment of assessment fees is attached?

Yes  No

**Section E: cidb Official Use Only**