



APPLICATION FORM	CERTIFIED ROOF FABRICATOR	
APPLICATION DATE	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>D D / M M / Y Y Y Y</small>	MEMBERSHIP NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Office use only)</small>

To qualify for the designation of Certified Roof Fabricator, applicant is required to have passed all the requirements as set out below:

- The applicant Roof Fabricator applying for this ITC-SA designation shall request, in writing, an **"audit inspection"** from the ITC-SA. The audit inspection will be conducted by the ITC-SA registered Accredited System Developer and an ITC-SA approved Independent Audit Inspector.
- The Fabricator shall, on applying for this Certificate of Competence, nominate his key personnel and provide their job descriptions. He must ensure that these personnel are available to be interviewed on the date agreed for the audit and that there is sufficient manufacturing work being performed for the Audit Inspector to make a fair appraisal of all aspects of the Truss Plant. Any additional expenses incurred due to the absence of key personnel shall be borne by the applicant.
- The "Audit Inspector" must inter-alia check whether all requirements prescribed by the ITC-SA (below) are complied with in the operational activities of the Fabricator's plant. If satisfied, the Audit Inspector will recommend the Applicant (Probationary Roof Fabricator) to the Institute for consideration for the designation of Certified Roof Fabricator.
 - ✓ The design procedures employed;
 - ✓ The presentation of quotations;
 - ✓ The competence of key personnel;
 - ✓ The quality of manufacture;
 - ✓ The erection instructions provided to the site

A. YOUR DETAILS															D D / M M / Y Y Y Y				
Identity number/Passport number:	<input type="text"/>										Date of birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>																		
Full names:	<input type="text"/>																		
Preferred first name:	<input type="text"/>																		
Initials:	<input type="text"/>																		
	Gender: Male <input type="checkbox"/>					Female <input type="checkbox"/>					Title: Ms <input type="checkbox"/>		Mr <input type="checkbox"/>		Other: <input type="text"/>				

A certified copy of your ID to be attached when returning the application.

Which province do you predominantly operate in?

<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Free State	<input type="checkbox"/> Gauteng	<input type="checkbox"/> KZN	<input type="checkbox"/> Limpopo
<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> North West	<input type="checkbox"/> Northern Cape	<input type="checkbox"/> Western Cape	

B. YOUR CONTACT DETAILS																								
Physical address:	<input type="text"/>																							
Suburb:	<input type="text"/>																							
City:	<input type="text"/>																							
Country:	<input type="text"/>																				Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address:	<input type="text"/>																							
Suburb:	<input type="text"/>																							
City:	<input type="text"/>																							
Country:	<input type="text"/>																				Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>																							
Cellphone:	(<input type="text"/> <input type="text"/> <input type="text"/>)		<input type="text"/>										Would you like to receive our newsletter? <input type="checkbox"/>											
Where did you hear about us?	<input type="checkbox"/> Advertisement					<input type="checkbox"/> Web					<input type="checkbox"/> Brochure					<input type="checkbox"/> Word of mouth								

C. YOUR QUALIFICATIONS

Route you achieved your qualification through:

<input type="checkbox"/>	Audit Inspection	By Whom:	<input type="text"/>
<input type="checkbox"/>	When <input type="text"/>	System Affiliation:	<input type="text"/>

Training Provider where your training was done:

Your Certificate of Competence Number: / / Year you obtained your certificate:

A certified copy of your certificate to be attached when returning the application.

D. YOUR EMPLOYER / OCCUPATIONAL DETAILS

Company ITC-SA COC Number: **C O C** / / **Please note:** The COC number (Certificate of Competence Number) will only apply if the relevant company details have been captured with the ITC-SA after the awarding of a COC. If not, please complete below.

OR

Company/Institution name:	<input type="text"/>
Occupation/Job title:	<input type="text"/>
Work phone: (<input type="text"/>)	Company VAT no: <input type="text"/>
Physical address:	<input type="text"/>
Suburb:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/> Code: <input type="text"/>
Postal address:	<input type="text"/>
Suburb:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/> Code: <input type="text"/>
Email address:	<input type="text"/>
Work phone: (<input type="text"/>)	Fax: (<input type="text"/>)
Cellphone: (<input type="text"/>)	<input type="text"/>

E. STATUTORY INDUSTRY DOCUMENTATION

All ITC-SA registered practitioners shall have in their possession the current compulsory SANS codes of Practice, Building Regulations and statutory requirements for ease of reference (copies of these can be purchased / obtained from the South African Bureau of Standards, NHBRC, Government Printers and Local Authorities).

Please tick the boxes acknowledging that you have the relevant documentation:

- SANS 10400 (inclusive)
- SANS 10160 (inclusive)
- SANS 10163 (inclusive)
- SANS 10243 (inclusive)
- SANS 1783 (inclusive)
- SANS 10005 (inclusive)
- NHBRC Home Building Manuals

F. DECLARATION (To be completed by all applicants)

Accepts this abbreviated Code of Conduct as the Ethical Basis for our Commercial Activity in the best interest of the Industry and agrees to rigorously abide by this undertaking to:

1. Adhere to the letter and spirit of the Institute for Timber Construction's Articles of Association / Memorandum of Incorporation.
2. Promote and accept fair competition amongst Members of the ITC-SA.
3. Foster and promote the highest possible standards in the Timber Roof Construction Industry by rendering professional service at all times by *inter alia* :
4. Ensure that all design and construction standards conform with the latest National Building Regulations, SANS Material and Design Codes of Practice, and the recommendations of the ITC-SA Timber Engineering Advisory Committee;
5. Ensure that approved applications submitted to the Local Authority are supported and adhered to;
6. Uphold standards outlined by, and acceptable to the ITC-SA, in accordance with the various Certificates of Competence administered by it and to report to the ITC-SA any non-compliance or deviation from such standards; and to
7. Rectify lack of compliance with this code within 14 days so as to avoid penalties being applied, which we acknowledge can include suspension.
8. Submit to an annual audit being conducted by or on the behalf of the ITC-SA, so as to ensure compliance with the minimum standards for continued membership of the ITC-SA.
9. Prominently display on letterheads, advertisements and the like, where practicable, the logo of the ITC-SA and to display in your office premises the current Certificate of Competence issued by the ITC-SA.
10. Resolve conflict immediately as they arise concerning the implementation or interpretation of the Code of Conduct, initially directly between the relevant Members involved, failing which to refer such dispute to the ITC-SA Board of Directors for resolution.
11. Accept the right of the Board of Directors to appoint a subcommittee of not less than three Members to investigate and determine whether acceptable standards have been compromised.
12. Abide by any lawful resolution or ruling of the ITC-SA Board of Directors relating to any breach of this Code of Conduct and to submit to disciplinary action of any proved transgression.

We acknowledge penalties imposed can included suspension of membership or other punitive measures as may be deemed appropriate.

We undertake to pay the annual membership fee of **R14 628.00** [incl. VAT] applicable (as may be amended by the ITC-SA Board from time to time).

Please indicate whether you give us permission to list your information on our website for public viewing:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

I, _____ Identification No. _____
Declare that the information contained in this application, attached by me to this application, is complete, accurate and true to the best of my knowledge. I further declare that by forwarding this completed form to the ITC-SA, I am acknowledging that I have read and fully understood what is required of me as an ITC-SA registered professional. I give consent for enquiries for verification purposes to be made into any information I have given on this application.
Signature of applicant: _____ Date: _____