

PROOF OF EXPERIENCE



PLUMBING INDUSTRY REGISTRATION BOARD

PERSONAL INFORMATION

Surname:	
Full Names:	
ID Number:	
Registration number: (if available)	

TICK THE DESIGNATION YOU ARE REGISTERING FOR:

<input type="checkbox"/>	Technical Assistance Practitioner:
	<ul style="list-style-type: none"> 3 years practicing experience in the plumbing industry
<input type="checkbox"/>	Technical Operator Practitioner:
<input type="checkbox"/>	Water Efficiency
<input type="checkbox"/>	Hot Water
<input type="checkbox"/>	Cold Water
<input type="checkbox"/>	Darinage
	<ul style="list-style-type: none"> 3 years practicing experience in the plumbing industry
<input type="checkbox"/>	Master Plumber
	<ul style="list-style-type: none"> 5 years practicing experience in the plumbing industry

OFFICE USE ONLY

<input type="checkbox"/>	Received Registration form	<input type="checkbox"/>	Received all relevant proof of experience
REVIEW NOTES:			

Complete the required proof of practicing experience in the Plumbing Industry below.

- Attach all resumes and letters of recommendation.

PROOF OF PRACTICING EXPERIENCE IN THE PLUMBING INDUSTRY

Company:

Contact person:

Contact details:

ID Number:

From:

To:

Duties and Responsibilities:

Company:

Contact person:

Contact details:

ID Number:

From:

To:

Duties and Responsibilities:

Company:

Contact person:

Contact details:

ID Number:

From:

To:

Duties and Responsibilities:

Company:

Contact person:

Contact details:

ID Number:

From:

To:

Duties and Responsibilities:

DECLARATION

I _____ identification number _____

declare that the information contained in this application, or 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 application form to the PIRB, I am acknowledging that I have read and fully understand what is required from me as a registered PIRB plumber. I give consent to enquiries for verification purposes to be made into any information I have given on this application.

Signature of applicant: _____ Date: _____

Tel: 0861 747 275 **Fax:** 0866 927 230
Email: info@pirb.co.za / registration@pirb.co.za

Physical Address
43 Estcourt Road
Wierda Park
Centurion 0157

Postal Address
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Wierda Park
Centurion, 0149

www.pirb.co.za

SAQA Professional Body
Recognition Number:
PIRB831

