

**CERTIFICATE OF EXPERIENTIAL TRAINING**

Issued in favour of : .....  
for registration as a Technical Survey Technician as contemplated in Section 22 of Act 40 of 1984.

I, ..... in my capacity as .....  
At (UoT) ..... hereby declare that :

.....  
has had the necessary training to carry out triangulation breakdowns, traversing, calculations and levelling to the required standards as set out in paragraph 2.2 of the Notes for Guidance of Technical Surveyors and Trial Survey candidates.

UNIVERSITY STAMP. ; .....

Dated at ..... on the .....day of .....

Signed : .....

**CERTIFICATE OF EMPLOYMENT**

**(One copy for each Employer / Supervisor)**

I, ..... a ★Professional Surveyor / Engineer / Plato registered Engineering Surveyor, practising in the Republic of South Africa, do hereby certify that ..... has been engaged in survey work under my personal supervision for the following periods and performing survey work in the following categories :

Periods :.....	Category : e.g.	Engineering Surveys
.....		Topographical Surveys
.....		Control Surveys
.....		Cadastral Surveys
.....		Hydrographic Surveys,

PARTICULARS OF WHICH IN REGARD TO THE TIME AND NATURE OF THE WORK, ARE ANNEXED.

Dated at ..... on the .....day of .....

Signed : .....

Professional Surveyor / Engineering Surveyor / Engineer / etc. ★

★ Delete which is not applicable.

CONFIRMATION OF EMPLOYMENT  
(SURVEY TECHNICIANS)

(Applicant) Full name:.....

Registration Number: ..... (If applicable)

Name of Employer: .....

Your job description: .....

Name and Registration number of the Registered person responsible for your training:

.....Registration No.....

Street Address of your usual place of work: .....

.....  
.....

Postal Address: .....

..... Code .....

Contact details, (normal working hours.)

Telephone: ..... Fax: .....

Cell phone: ..... Email: .....

(Applicant) I, ..... hereby confirm that the above information is correct and that I am in the full time employment of the employer as described above.

Signature:.....  
.....

Date

DECLARATION BY SUPERVISOR / EMPLOYER

I, .....Registration number.....

hereby confirm that ..... is employed as described above and that he works under my supervision as required in terms of the Act.

Signature: .....  
.....

Date;



I certify that before the despondent made the oath/affirmation\* I asked him/her\* the following questions and wrote down his/her\* answers in his/her\* presence:

(i) Do you know and understand the contents of this declaration?

Answer: .....

(ii) Do you have any objection to taking the prescribed oath/making the prescribed affirmation\*?

Answer: \_\_\_\_\_

(iii) Do you consider the prescribed oath/affirmation\* to be binding on your conscience?

Answer: \_\_\_\_\_

I certify that the despondent has acknowledged that he/she\* knows and understands the contents of this declaration, which was sworn to/affirmed\* before me, and that the respondent's signature was placed thereon in my presence.

**Commissioner of Oaths:** \_\_\_\_\_

**Designation (Rank):** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Delete whichever is not applicable.

**APPLICATION FOR REGISTRATION AS AN  
ENGINEERING SURVEY TECHNICIAN  
IN TERMS OF SECTION 22(1)(b) OF THE  
PROFESSIONAL AND TECHNICAL SURVEYORS' ACT,  
ACT 40 OF 1984**

**PERSONAL INFORMATION**

1. Full Name(s) of Applicant \_\_\_\_\_
2. Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3 Telephone (W) ; \_\_\_\_\_ Fax ; \_\_\_\_\_
- 4 Cell \_\_\_\_\_ -e-mail \_\_\_\_\_
- 5 Date of Birth \_\_\_\_\_
6. Identity Number ◆ \_\_\_\_\_  
◆ **Please include certified copies of your identification document and degree certificate.**
7. Current Employer \_\_\_\_\_
  - 7.1 Present Position \_\_\_\_\_
  - 7.2 Date Appointed \_\_\_\_\_
  - 7.3 I certify that the candidate is in my employment and is not a partner or principal in the firm.

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Stamp: \_\_\_\_\_
8. Previous Employer(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Tertiary Academic Qualifications: ◆

◆ Please include certified copies of your identification document and degree certificate.

Qualification	Institute	Date Completed

10. Attached Certificate of approval of Experiential Training issued by (UoT):

\_\_\_\_\_

11. Summary of Surveying Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A detailed and certified Schedule of Experience with regard to all survey work undertaken since enrolling for the National Diploma: Surveying should be submitted with this application).

12. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**TRAINING SCHEDULE (Engineering Surveyor)**

**TES 5**

Name (block letters) .....

Page ..... of ..... pages

DATE	TASK DESCRIPTION	COMPULSORY SURVEY TRAINING								ADDITIONAL SURVEY TRAINING															
		TRIANGULATION		SPIRIT LEVELLING		TRIG LEVELLING		TRAVERSING		CONTROL SURVEYS		CADAST. SURVEYS		ENG/CONSTR SURVEYS		TOPO. SURVEYS		HYDRO. SURVEYS		OTHER (SPECIFY)					
		F	O	F	O	F	O	F	O	F	O	F	O	F	O	F	O	F	O	F	O				
		I	F	I	F	I	F	I	F	E	F	E	F	F	E	F	F	E	F	F	E	F	F		
		L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I	L	I
		D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C
	Brought Forward																								
	TOTAL																								

**CANDIDATE SIGNATURE :** \_\_\_\_\_ **FULL NAME (PRINT) & SIGNATURE OF SUPERVISOR :** \_\_\_\_\_

**Each page must be signed by the supervisor(s) and the candidate.**  
 Off = Office (which includes Calculations, draughting and normal administrative procedures.)      DATE ; \_\_\_\_\_