

# 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: • 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"/> Drainage • 3 years practicing experience in the plumbing industry
<input type="checkbox"/>	Master Plumber • 10 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**  
P.O. Box 680  
Wierda Park  
Centurion, 0149

[www.pirb.co.za](http://www.pirb.co.za)

SAQA Professional Body  
Recognition Number:  
PIRB831

