



Please complete the form in block letters in black ink or type in the particulars and send it to the Dam Safety Office, Department of Water and Sanitation, Private Bag X313, Pretoria, 0001, E-mail damsafety@dws.gov.za .

NOTIFICATION OF APPOINTMENT AS APPROVED PROFESSIONAL PERSON FOR SPECIFIC TASK(S) AT A DAM AS REQUIRED BY REGULATION 46 OF THE DAM SAFETY REGULATIONS (GN R.139 OF 24 FEBRUARY 2012) READ WITH SECTIONS 117, 119 &123 OF THE NATIONAL WATER ACT, 1998 (ACT 36 OF 1998)

PARTICULARS OF APPROVED PROFESSIONAL PERSON

Surname: _____ First names: _____
Identity number: _____ ECSCA registration number: _____
E-mail address: _____ Cell: _____
Postal address: _____
Tel. (W): _____ Postal Code: _____
Present employer: _____ Proposed professional registered person(s) who will provide assistance (required in cases of conditional approval, CV required): _____

PARTICULARS OF CLIENT (OWNER OF DAM OR PERSON IN CONTROL)

Surname: _____ First names: _____
E-mail address: _____ Cell: _____
Postal address: _____
Tel.: _____ Postal Code: _____

For Official Use

TASK FOR WHICH APPOINTED (Indicate with a cross "X")	
Design and quality control - new dam	
Design and quality control - modification to existing dam	
Dam safety evaluation including inspection	
Other (describe):	

PARTICULARS OF THE DAM

Name of Dam: _____ Nearest town: _____
Type of dam: _____ RMF (m³/s): _____ Catchment < 10 km² (Yes / No)? _____
Date classified: _____ Height (m): _____ Hazard potential: _____
Category*: _____ Departmental reference number for dam 12/2/ _____
Expected completion date for task(s): _____

DECLARATION BY APPLICANT

I declare herewith that all information on this form is true and correct to the best of my knowledge. I herewith further formally apply to be approved as an approved professional person for the task described in this application.

SIGNATURE: _____ DATE: _____

DECLARATION BY OWNER OF DAM OR PERSON IN CONTROL

I declare herewith that all information on this form is true and correct to the best of my knowledge. I herewith further formally appoint the above-mentioned applicant, if successful, to be the approved professional person for the above-mentioned dam.

SIGNATURE: _____ DATE: _____

***Notes:** (1) In terms of Regulation 46(6)(c) this form must be submitted to the Dam Safety Office, preferably by e-mail, and the dam owner within 7 days of appointment.
(2) In the case of a category 3 dam, application should be made for approval of the professional team on form DW698E.