**PERMIT TO PERFORM ESSENTIAL SERVICE**

**PLACE BELOW TEXT ON YOUR BUSINESS LETTER HEAD**

**As defined in**

**in terms of the Regulation 11B(3) and the regulations published by the Minister of Cooperative Governance and Traditional Affairs, Ms Nkosazana Dlamini-Zuma in Regulation Gazette No. 11062**

I, (Details of the Head of the Institution, i.e. Owner, CEO)

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names** |  |
| **Identity number** |  |
| **Contact details** | **Cell nr:** | **Tel Nr (W)** | **Tel Nr (H)** | **e-mail address** |
|  |  |  |  |
| **Plumbing Industry Registration Board Plumbers Registration Number:** |  |
| **Metro Plumber Registration Number:** |  |

|  |  |
| --- | --- |
| **Physical Address of Institution** |  |
| **\* Institute of Plumbing of South Africa Membership no:**  |  |

Hereby certify that;

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names** |  |
| **Identity number** |  |
| **\*\* Plumbing Industry Registration Board Plumbers Registration Number:** |  |
| **Metro Plumber Registration Number:** |  |

forms part of the Plumbing Institute defined above and is duly designated in performing essential plumbing services as determined in sub regulations (2) of the regulations and in the functioning of the essential plumbing service rendered by the Institute.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020.

|  |
| --- |
| *Official Stamp of Institution* |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Head of Institution*

\* Verification of membership of the Plumbing Institutes with the Institute of Plumbing of South Africa Membership can be verified by going to [www.iops.org](http://www.iops.org) or emailing verifications@iopsa.org

\*\* Verification of registration with the Plumbing Industry Registration Board can be done by visiting [www.pirb.co.za](http://www.pirb.co.za) or emailing verification@pirb.co.za or contacting PIRB on 0861 747 275.