

STATUTORY CONTROL MANAGEMENT SYSTEM Application for Tourism Signs

Please mark with an X in the appropriate box							
Applicant Details							
Reference No.							
Title (Individual only)	Contact Person						
Applicant Name	Applicant Surname						
Cell Phone	Email Email						
Telephone	Facsimile						
Postal Address Line 1:							
Postal Address Line 2:							
Postal Address Line 3:							
Postal Code:	City: Province						

Application Details								
Province		ocal Iunicipality			Municipality			
Route & Section	N7-8 93,0N (Example – National Roads Marker Boards at 200m intervals)	Route & Section	N/			lometre Detail		
Requested Facility Name								
Application Description								
		Details of the T	ourism Facility					
Land Parcel Type	Erf (Urban)	Farm (Rural)						
Erf/Farm No.		Portion/Sub-Numl	oer (Zero for remainde	er)				
CC/ Business Number								
Street Address Line 1								
Street Address Line 2								
Street Address Line 3				Stro	eet Code:			
Postal Address Line 1								
Postal Address Line 2								
Postal Address Line 3				Pos	tal Code:			
Telephone			Facsimile					
Email			Website					
Contact Person			Position					
Main Activity, Attraction or Services			Other Activities, Attractions or Services					

Indicate duration of availability	Open Day	Open Ti	me (H/M)	Close Time	(H/M)			
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Other Opening Time			State	Nearest Num	bered R	coad to Facility		
Indicate Location of Facility	Urban		Pe	ri-urban		Rural		

Standards, Quality Assurance and Safety							
Accreditation	Yes	No	Organisation	Date			
Certification	Yes	No	Organisation	Date			
Grading	Yes	No	Organisation	Date			
Recommendation	Yes	No	Organisation	Date			

Document Check – has the following been attached?								
Plans Uploaded	Yes	No		OFFICIAL USE ONLY	Yes		No	

DECLARATION BY APPLICANT:							
I ACCEPT ALL CONDITIONS IN TERMS OF ANY AGREEMENT BETWEEN THE SA NATIONAL ROADS AGENCY AND THE APPLICANT IMPOSED UPON THIS APPLICATION.							
I AM AUTHORISED TO SIGN ON BEHAL	F OF THE LAND OWNER						
PRINT NAME	SIGNATURE	DATE					

COMPLETED FORM TO BE RETURN TO:

REGIONAL MANAGER
SA NATIONAL ROADS AGENCY LTD
PRIVATE BAG X19,
BELLVILLE, 7535

FOR ATTENTION: STATUTORY SECTION

TEL: +27 (0) 21 957 4600 FAX: +27 (0) 21 910 1699 E-MAIL: wrstatutory@nra.co.za