

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	Loc Mu	cal inicipality		District	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	Road 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 (APPLICANT IMPOSED UPON THIS APPLI	OF ANY AGREEMENT BETWEEN THE SA ICATION.	NATIONAL ROADS AGENCY AND THE						
I AM AUTHORISED TO SIGN ON BEHALI	F OF THE LAND OWNER							
PRINT NAME	SIGNATURE	DATE						

COMPLETED FORM TO BE RETURN TO:

REGIONAL MANAGER
SA NATIONAL ROADS AGENCY LTD
PO BOX 24210, BAY WEST,
PORT ELIZABETH, 6034
FOR ATTENTION: STATUTORY SECTION

TEL: +27 (0) 41 398 3200 FAX: +27 (0) 41 492 0201

E-MAIL: srstatutory@nra.co.za