



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							
Telephone							Facsimile							
Postal Address Line 1:														
Postal Address Line 2:														
Postal Address Line 3:														
Postal Code:						City:						Province		

Application Details

Province				Local Municipality				District Municipality				
Route & Section	 (Example – National Roads Marker Boards at 200m intervals)		Route & Section		N...../.....		Kilometre Detail					
										km	

Requested Facility Name											
Application Description											

Details of the Tourism Facility

Land Parcel Type	Erf (Urban)		Farm (Rural)									
Erf/Farm No.					Portion/Sub-Number (Zero for remainder)							
CC/ Business Number												
Street Address Line 1												
Street Address Line 2												
Street Address Line 3									Street Code:			
Postal Address Line 1												
Postal Address Line 2												
Postal Address Line 3									Postal 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 Time (H/M)	Close Time (H/M)				
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
Other Opening Time		State Nearest Numbered Road to Facility					
Indicate Location of Facility	Urban		Peri-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 BEHALF 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