



SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS' ASSOCIATION

2nd Floor Donmed House, Cambridge Place, Cnr Kirkby & Oxford Roads, Bedford Gardens, Bedfordview
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Fax2Email: 086 540 6462 VAT REGISTRATION NUMBER: 45 00 11 67 61

APPLICATION FOR RENEWAL AS AN AUTHORISED REFRIGERANT GAS PRACTITIONER

NB: Registrations are only valid with-in the borders of the Republic of South Africa

NB: Registrations are only valid for a period of 3 years after which renewal of registration is required

NB: a refresher course in the handling of refrigerants must be attended and assessed for renewal.

REQUIRED:		Please tick ✓
1	Photographs are not needed for renewal	
2	A photocopy of a valid IDENTITY DOCUMENT must be attached to this form	
3	Attach COPIES of all relevant CERTIFICATES/QUALIFICATIONS or other supporting documents relating to statements made in this application and emailed to the 2 addresses below	
4	The attached CODE OF GOOD PRACTICE must be COMPLETED and SIGNED BY THE APPLICANT	
5	Email all documents to SARACCA; suzette@saracca.co.za and cathy@saracca.co.za	
6	Alternatively - Post the application via REGISTERED POST to: SARACCA; PO BOX 75912 Gardenview 2047 and send the tracking number to suzette@saracca.co.za	

PAYMENT GUIDELINES:		✓
*	Payment of R2235.00 (including VAT) must be made by electronic transfer, or a Direct deposit be made to SARACCA. A copy of the deposit slip must be emailed to SARACCA	
*	Bank account details: First National Bank; Branch No. 252155 – Bedford Gardens: Account No. 59630030903 – Cheque Account	
*	Use your initials and surname for reference when making payment	
*	If paid by a VAT Registered Company, please provide us by email on a company letter head confirming the VAT registration number or a copy of the VAT registration	

Please note: This application form is valid until the end of February 2019

PERSONAL DETAILS

First names													
Surname													
ID no.													
Telephone No.													
E-mail address													
Cell phone													
Position held in company													
<u>Courier Address</u>	Address to which card will be couriered				Residential Address								
Street Name and Number					Unit/Flat no								
Town					No & street								
Province					Suburb/town								
Code					Code								
Contact Person													
Contact Number													
OR	Arrange for the Card to be collected from SARACCA office				Yes				No				

CURRENT EMPLOYER DETAILS

Employer / Company name Name to be printed on card:													
Type of Business													
Postal Box No					Contact Person in company								
Suburb/Town					Position held								
Province					Office Telephone No								
Post code					Office E-mail address								
Invoice details e.g. Full Company name													
VAT	VAT confirmation letter attached				Yes				No				

PREVIOUS EMPLOYER IF JOB CHANGED SINCE PREVIOUS REGISTRATION:

Employer / Company name													
	From Date:				To Date								
Type of business													
Telephone of business													

QUALIFICATIONS OBTAINED AND COURSES SINCE FIRST REGISTRATION

REFRESHER COURSE	Date	Training Provider
OTHER	Date	Training Provider

ATTACH COURSE CERTIFICATES**TRADE QUALIFICATIONS**

TRADE APPRENTICESHIP OR LEARNER-SHIP													
From:					To:								
Year trade test certificate issued													
Employer during Apprenticeship/learner-ship:													

AIR CONDITIONING AND REFRIGERATION EXPERIENCE in 3 YEARS SINCE PREVIOUS REGISTRATION

Describe your duties and responsibility specific to air conditioning / refrigeration installation, maintenance and repair with specific reference to the type of Refrigerant

Date from	Date To	Employer	Experience and types of system worked on

REGISTRATION CATEGORIES

A	The card holder is aware of safety requirements and is authorised to operate a refrigeration plant
A	The card holder is authorised to install of refrigeration components and equipment
A	The card holder is authorised to install and maintain refrigeration units using Hydro Carbon Refrigerants (R600a & R290)
A	The card holder is authorised to a install and maintain air conditioning units up to 18kW cooling capacity
A	The card holder is authorised as an air conditioning & refrigeration Apprentice/Learner
B	The card holder is an authorised as a refrigeration Artisan using Synthetic Freon gases and Hydro Carbon refrigerant gas.
B	The card holder is authorised as a specialist Carbon Dioxide (R744) refrigeration practitioner
B	The card holder is authorised as an specialist Ammonia (R717) refrigeration practitioner
B	The card holder is authorised as a specialist motor vehicle air conditioning practitioner
B	The card holder is authorised as a specialist refrigerated transport practitioner
B	The card holder is authorised as a specialist marine refrigeration practitioner on all types of refrigerant gases
C	The card holder is an authorised Inspector of refrigeration installations
C	The card holder is an authorised Inspector of refrigeration associated with air conditioning installations
C	The card holder is an authorised Designer of refrigeration and air conditioning installations



I, Name: _____ Surname: _____ being the Line Manager/Supervisor/Mentor (Cross out which is not applicable) hereby confirm that the above registration categories are in line with the applicant's job level and as such are recommended for registration.

SIGNED

DATE.....

Line Manager/Supervisor/Mentor

I confirm that the information provided by me in my application is correct, valid and that all certificated and documentation is attached.

I shall sign and abide by the SAQCC Gas Code of Practice attached.

SIGNED

DATE.....

APPLICANT





CODE OF GOOD PRACTICE FOR GAS PRACTITIONERS

I..... ID Number.....

The undersigned, as a registered and authorised Gas Practitioner shall:

1. Undertake only those assignments which fall within my authorized level of registration and scope of work for which I am competent by virtue of training, experience and certification. Where warranted, advise the engagement of such specialists who are required to facilitate the completion of the assignment.
2. Prior to undertaking any maintenance, repairs, alterations and/or additions to existing equipment and/or pipelines installed on customer premises, I must first establish the ownership of the equipment and/or pipelines. This is necessary to ensure that the owner of the equipment and/or pipelines carries out the necessary work or employs a third party registered gas practitioner to carry out the work on their behalf.
3. Indicate to my employer, supervisor or mentor any adverse consequence that may result from an alteration to the designed installation by a non-technical authority or client.
4. Be objective, thorough and factual in any written report, statement or testimony of the work performed and include all relevant or pertinent information in such documents.
5. Sign only for work I have personally carried out or work supervised for which I have personal knowledge through direct technical control or supervision.
6. Have proper regard for the safety, health and environment concerning the user, the public and the fellow employees.
7. Protect to the fullest extent possible, constant with the well being of the gas industry and public, any information given in confidence to me by my employer, supervisor, colleague, client or this gas association.
8. Strive to maintain proficiency by updating my personal technical knowledge and skills as required to efficiently and effectively apply the desired application skills as required by an authorised gas practitioner within the respective gas industry.
9. Maintain the highest degree of personal integrity, credibility and business ethics at all times.
10. Report any unsafe practices, sub-standard work and non registered practitioners to the SAQCC Gas.
11. Be compliant with the Anti Trust Policy and Meeting Rules and any other informed policy, Regulation and/or standard promulgated.
12. Be in compliance to the Occupation Health & Safety Act (No 85 of 1993) and all related and applicable standards, regulations and SABS Codes of Practice.

Signed **PRACTITIONER** **DATE**.....

for office use only – do not complete this block - SAQCC Gas Number :