



## SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS ASSOCIATION

2nd Floor Danmed House, Cambridge Place, Cnr Kirby & Oxford Roads, Bedford Gardens, Bedfordview  
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Tel 011 622 3890 • Telefax 011 622 2534

### APPLICATION FOR RENEWAL AS AN AUTHORISED 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

	PAYMENT GUIDELINES:	✓
*	<b>Payment of R1938.00</b> (including VAT) must be made by electronic transfer to <b>SARACCA</b> , A copy of the deposit slip must be attached to this form and faxed to <b>SARACCA at 011 622 2534</b> .	
*	Account Details: <b>First National Bank; Branch No.252155 – Bedford Gardens:</b> <b>Account No. 59630030903</b>	
*	Use your <b>initials and surname for reference when making payment</b>	
*	If paid by a VAT Registered Company, please provide us with a <b>company letter confirming the VAT registration number in writing</b>	
*	Email completed form and proof of payment to: <a href="mailto:leanne@saracca.co.za">leanne@saracca.co.za</a> Or fax to: 011 622 2534 or Fax2Email: 086 540 6462	

### PERSONAL DETAILS

First names			
Surname			
ID no.			
Telephone No.			
E-mail address			
Fax no.			
Cell phone			
<u>Courier address</u>	Address to which card will be Couriered	Residential	
Street Name and Number		Unit/Flat no	
Town		No & street	
Province		Suburb/town	
Code		Code	
Contact Person			
Contact Number			
OR	Card to be collected	Yes	

**Please note: This application form is valid until the end of February 2016**

**EMPLOYER DETAILS**

Employer Name to be printed on card:			
Postal Box No		Contact Person	
Suburb/Town		E-mail address	
Province		Telephone No	
Post code		Fax no	
Company VAT No		Employed starting date:	
Type of business		Position held	

**QUALIFICATIONS OBTAINED SINCE ORIGINAL REGISTRATION**

TRADE APPRENTICESHIP OR LEARNER-SHIP	
From:	
To:	
Employer during Apprenticeship/learner-ship:	
Other Skills training attended and qualifications achieved since previous application <b>ATTACH ALL CERTIFICATES</b>	

**REGISTRATION CATEGORIES**

<b>O</b>	<b>Handling of Refrigerants and Containers</b>	
<b>A</b>	<b>Refrigeration plant operator safety awareness</b>	
<b>A</b>	<b>Semi-skilled Air Conditioning &amp; Refrigeration Installer</b>	
<b>A</b>	<b>Air Conditioning &amp; Refrigeration Apprentice/Learner</b>	
<b>B</b>	<b>Air Conditioning &amp; Refrigeration Practitioner</b>	
<b>B</b>	<b>Ammonia Refrigeration Practitioner</b>	
<b>B</b>	<b>Motor Vehicle Air Conditioning and Transport refrigeration Practitioner</b>	
<b>B</b>	<b>Marine refrigeration practitioner</b>	
<b>C</b>	<b>Inspector – Commercial AC &amp; R</b>	
<b>C</b>	<b>Designer – Commercial AC &amp; R</b>	
<b>C</b>	<b>Inspector - Industrial Refrigeration &amp; AC</b>	
<b>C</b>	<b>Designer - Industrial Refrigeration&amp; AC</b>	

## AIR CONDITIONING AND REFRIGERATION EXPERIENCE

Describe your duties and responsibility specific to air conditioning / refrigeration installation, maintenance and repair

Date from	Date To	Experience



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.

..... **DATE**.....

**PRACTITIONER**

**FOR OFFICE USE ONLY – DO NOT COMPLETE THIS BLOCK**

**SAQCC Reg No:** .....