



SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS ASSOCIATION

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

APPLICATION FOR REGISTRATION AS AN AUTHORISED GAS PRACTITIONER

I hereby apply for registration as a gas installer on pipeline gas supply systems, gas trains and gas equipment in terms of the Occupational Health and Safety Act (No. 85 of 1993) – Sections 43 and 44 and Regulation R734 of 15 July 2009 – “ Pressure Equipment Regulations (PER)”

NB: In the interest of speedy processing of application, it is imperative that you complete all required fields and fully comply with the SARACCA Scope and Competency Policy Guide (as amended) for being an Authorised Refrigeration 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

Please follow this checklist when completing and submitting your application form:

REQUIRED:		Please tick ✓
1	Two(2) recent COLOUR PASSPORT size photographs of the applicant, with own name And ID number on the reverse side, inserted in an envelope and attached to this form. <i>Please note we cannot accept paper / printed photographs.</i>	
2	A Certified 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	
4	The attached CODE OF GOOD PRACTICE must be COMPLETED and SIGNED BY THE APPLICANT	
5	PROOF OF PAYMENT must be attached to this form; a copy faxed to SARACCA at 011 622 2534. <i>We cannot process this application until payment has been made</i>	
6	Post the application via REGISTERED POST to: SARACCA; PO BOX 75912 Gardenview 2047	

PAYMENT GUIDELINES:		✓
*	Payment of R1938.00 (including VAT) must be made by electronic transfer, or a Direct deposit be made to SARACCA . A copy of the deposit slip must be faxed to SARACCA at 011 622 2534 and the original deposit slip must be attached to this form.	
*	Account Details: First National Bank; Branch No. 252155 – Bedford Gardens: Account No. 59630030903	
*	Use your initials and surname for reference when making payment	
*	If paid by a VAT Registered Company, please provide us with a company letter confirming the VAT registration number in writing	

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

PERSONAL DETAILS

First names				Photo	
Surname				Place ID photo here	
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					
Contact Person					
Contact Number				Code	
OR		Card to be collected		Yes	

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	

PREVIOUS EMPLOYER:

Employer:	
From Date:	
To Date:	
Employer	
Type of business	
Tel of business	
Position held	

SCHOOLING

Secondary School Education:	
Level Attained	
Period From:	Period To:
CERTIFICATE ATTACHED	

TERTIARY QUALIFICATIONS

TECHNICAL EDUCATION:	
Institution or College	
From:	
To:	
Final Qualification: CERTIFICATE ATTACHED	

TRADE QUALIFICATIONS

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

REGISTRATION CATEGORIES

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

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 Registration No
