



# SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS' ASSOCIATION

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Fax2Email: 086 540 6462 VAT REGISTRATION NUMBER: 45 00 11 67 61

## APPLICATION FOR REGISTRATION AS AN AUTHORISED GAS PRACTITIONER

I hereby apply for registration as a Refrigerant gas installer for Air Conditioning and Refrigeration 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 within the borders of the Republic of South Africa

**NB:** Registrations are only valid for a period of 3 years, after which a refresher course must be attended and renewal of registration is completed.

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

**2022**

REQUIRED:		Please tick
1	<b>Two (02)</b> recent <b>COLOUR PASSPORT</b> size photographs of the applicant; The photographs should be emailed in colour together with the application form. A photo taken with a smartphone will suffice. The photographs could also be attached to this form and posted. - <i>Please note we cannot accept paper / printed photographs.</i>	<input type="checkbox"/>
2	A <b>Certified</b> photocopy of a valid <b>IDENTITY DOCUMENT</b> must be attached to this form	<input type="checkbox"/>
3	Attach <b>COPIES</b> of all relevant <b>CERTIFICATES/QUALIFICATIONS</b> or other supporting documents relating to statements made in this application <u>and emailed to the 2 addresses below</u>	<input type="checkbox"/>
4	The attached <b>CODE OF GOOD PRACTICE</b> must be <b>COMPLETED</b> and <b>SIGNED BY THE APPLICANT</b>	<input type="checkbox"/>
5	This application must be submitted within <b>6 months</b> of completion of the safe handling of refrigerants course	<input type="checkbox"/>
6	<b>Email all documents to SARACCA; <a href="mailto:suzette@saracca.co.za">suzette@saracca.co.za</a> and <a href="mailto:cathy@saracca.co.za">cathy@saracca.co.za</a></b>	<input type="checkbox"/>
<b>PAYMENT GUIDELINES:</b>		<input checked="" type="checkbox"/>
*	<b>Payment of R2530.00</b> (including VAT) must be made by electronic transfer, or a Direct deposit be made to <b>SARACCA</b> . A copy of the deposit slip must be emailed to SARACCA – Fee valid until <b>February 2022</b> .	<input type="checkbox"/>
*	Bank account details: <b>First National Bank; Branch No. 252155 – Bedford Gardens; Account No. 59630030903 (current account)</b>	<input type="checkbox"/>
*	Use your <b>initials and surname</b> for reference when making payment	<input type="checkbox"/>
*	If paid by a VAT Registered Company, please provide us by email on a <b>FULL company letter head confirming the VAT registration number; address and contact details or a copy of the CURRENT Valid VAT registration certificate.</b>	<input type="checkbox"/>

**PLEASE NOTE:**

***This application form/fee is valid until the end of February 2023***

SAQCC Gas has been officially appointed and mandated by the Department of Employment and Labour to register gas practitioners within the various gas industries in South Africa, as represented by the 4 member associations in respect of which SARACCA is one. Accordingly your personal information will be disclosed to and processed by the SAQCC Gas, however such processing will be compliant with the Protection of Personal Information Act No 4 of 2013 and only to perform the functions of the SAQCC as mandated or as otherwise allowed by law.

**PERSONAL DETAILS**

SHOR Book Number														
First names														
Surname														
ID no.														
Telephone No.														
E-mail address														
Cell phone														
Position held in company														
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				

**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						Accounts E-mail address							
Invoice details e.g. Full Company name													
VAT#													
Company letterhead confirming VAT/Invoicing details to be attached													

**PREVIOUS EMPLOYER:**

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

**SCHOOLING**

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

### TERTIARY QUALIFICATIONS

TECHNICAL EDUCATION:	
Institution or College	
From date:	To date:
Final Qualification: <b>CERTIFICATE ATTACHED</b>	

### TRADE QUALIFICATIONS

TRADE APPRENTICESHIP OR LEARNER-SHIP in		
Training period	From	To
Year trade test certificate issued		
Employer during Apprenticeship/learner-ship:		
Other Skills training attended and qualifications achieved <b>ATTACH ALL CERTIFICATES</b>		

### REGISTRATION CATEGORIES

A	1	The card holder is aware of safety requirements and is authorised to operate a refrigeration plant
	2	The card holder is authorised to install and maintain domestic (R290 & R600a) and light commercial refrigeration
	3	The card holder is authorised to install of refrigeration piping, components and equipment
	4	The card holder is authorised to a install and maintain air conditioning units up to 18kW cooling capacity
	5	The card holder is an authorised air conditioning & refrigeration Apprentice/Learner
B	6	The card holder is an authorised as a refrigeration Artisan using Synthetic Freon gases and Hydro Carbon refrigerant gas.
	7	The card holder is authorised as a specialist Carbon Dioxide (R744) refrigeration practitioner
	8	The card holder is authorised as an specialist Ammonia (R717) refrigeration practitioner
	9	The card holder is authorised as a specialist motor vehicle air conditioning practitioner
	10	The card holder is authorised as a specialist refrigerated transport practitioner
	11	The card holder is authorised as a specialist marine refrigeration practitioner on all types of refrigerant gases
C	12	The card holder is an authorised Inspector of refrigeration installations
	13	The card holder is an authorised Inspector of refrigeration associated with air conditioning installations
	14	The card holder is an authorised Designer of refrigeration and air conditioning installations

**AIR CONDITIONING AND REFRIGERATION EXPERIENCE**

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

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.....

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 Gas Practitioner, shall:

- 1. Undertake only those assignments/installations which fall within the authorised level of registration and scope of work for which I am competent by virtue of training, experience and certification.
- 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 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, persons working out of scope and non-registered persons to the SAQCC Gas.
- 11. Inform the SAQCC Gas immediately of any change in personal or business contact information.
- 12. Take cognisance of the SAQCC Gas Disciplinary Code of Conduct and Disciplinary Procedure.
- 13. Comply with the SAQCC Gas Anti-Trust Policy and Meeting Rules.
- 14. Comply to the Occupation Health & Safety Act (No 85 of 1993), regulations and all required health and safety standards and SABS Codes of Practice.

Signed by you the **Applicant/Practitioner:**

**Date:**

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