



SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS' ASSOCIATION

2nd Floor Donmed House, Cambridge Place, Cnr Kirkby & Oxford Roads, Bedford Gardens, Bedfordview
 PO Box 75912, Gardenview 2047 • E-mail saracca@icon.co.za • Website www.saracca.co.za
 Tel 011 622 3890 • Telefax 011 622 2534

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.

2022

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 <u>and emailed to the 2 addresses below</u>	
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	This application must be submitted within 6 months of completion of the safe handling of refrigerants course	

PAYMENT GUIDELINES:		✓
*	Payment of R2530.00 (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. Fee valid until February 2022.	
*	Bank account details: First National Bank; Branch No. 252155 – Bedford Gardens: Account No. 59630030903 (current 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 FULL company letter head confirming the VAT registration number; address and contact details or a copy of the CURRENT Valid VAT registration certificate.	

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		SAQCC (Gas) Registration 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													

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		

QUALIFICATIONS OBTAINED AND COURSES SINCE PREVIOUS REGISTRATION

REFRESHER COURSE	Date:	Training Provider:
OTHER	Date:	Training Provider:

ATTACH COURSE CERTIFICATES

TRADE QUALIFICATIONS SINCE PREVIOUS REGISTRATION

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	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



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 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:

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