



Southern Africa Compressed Gases Association

Stoneridge Office Park, REGUS, Block C, Ground Floor, 8 Greenstone Place, Edenvale, Gauteng
 Tel No. +27 (0) 81 309 2897
 Email: Emily.Mbongwa@sacga.co.za

“NEW” REGISTRATION AS AN AUTHORISED GAS PRACTITIONER

I hereby apply for registration as Gas Practitioner 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 Regulations R734 of 15th July 2009 – “Pressure Equipment Regulations (PER)”.

“The SAQCC GAS NPC 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 four member associations in respect of which SACGA NPC is one. Accordingly, your personal information will/may be received via member Association’s for processing by the SAQCC GAS NPC however such processing will be compliant with the Protection of Personal Information Act No 4 of 2013 and only to perform its functions as mandated or as otherwise allowed by law. For more information about the SAQCC GAS NPC you can visit its website at www.saqccgas.co.za

NB: In the interest of speedy processing of your application, it is imperative that you complete all required fields. Print clearly to avoid errors.

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

The following is to accompany this application:

1. One (1) colour passport photo – Name on attachment.
2. Certified copy of valid ID bar-coded green book or passport.
3. **Attach copies** of all supporting documents relating to statements made in this application.
4. Attach signed Code of Good Practice for a Gas Practitioner.
5. Email all documents to: **Emily.Mbongwa@sacga.co.za**

After the Gas Practitioner Review Committee has approved this application, an invoice will be submitted to you by SAQCC Gas for the registration fee **R2,530.00** (including VAT) which covers a period of 3 years. **Payment is only made once the Review Committee approves your application then an invoice will be submitted.** Once payment has been received will you then be registered as a Gas Practitioner.

Initials		ID Photo OR Send as JPEG via email
First name		
Surname		
ID No.:		
Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		
Tel		
Cell		
Email		

POSTAL ADDRESS		STREET ADDRESS	
Address		Address	
Suburb / Town		Suburb / Town	
Province		Province	
Postal code		Postal code	

GAS PRACTITIONER : APPLICATION SUMMARY FOR REGISTRATION

1. Using the form below (Pages 2-5) mark the scope of work for each gas being applied for. Stating whether Commercial or Industrial.
2. Identify what supporting documentation is attached to this application.
3. Design – means designing systems to a recognised standard/s.
4. Installation – includes construction, instrumentation, installation, and commissioning activities.
5. Maintenance & Repair - means maintenance & repair of the gas system including inspection.

Primary Classification	No.	Gas Systems	Scope of Work	Application for Registration		Documentation supporting Competence		
				(C) Commercial	(I) Industrial	Mentor supervision	Manager approved	Proof of Competence
Inert Gases	1	Nitrogen	1. Design					
			2. Installation					
			3. Maintenance & Repair					
Note:								
Do not use Commercial	2	Argon	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	3	Carbon Dioxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	4	Helium	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	5	Inert Mixtures	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	6	Other: (State type of gas)	1. Design					
			2. Installation					
			3. Maintenance & Repair					

				Application for Registration		Documentation supporting Competence		
				(Tick the appropriate box/s) DO NOT USE COMMERCIAL		Mentor supervision	Manager approved	Proof of Competence
Primary Classification	No.	Gas Systems	Scope of Work	(C) Commercial	(I) Industrial			
Oxidant Gases	7	Oxygen	1. Design					
			2. Installation					
			3. Maintenance & Repair					
Note:								
Do not use Commercial	8	Nitrous Oxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	9	Oxidant Mixtures	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	10	Other: (State type of gas)	1. Design					
			2. Installation					
			3. Maintenance & Repair					
Flammable Gases	11	Hydrogen	1. Design					
			2. Installation					
			3. Maintenance & Repair					
Note:								
Do not use Commercial	12	Methane	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	13	Natural Gas (LNG/CNG)	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	14	Acetylene	1. Design					
			2. Installation					
			3. Maintenance & Repair					

Primary Classification	No.	Gas Systems	Scope of Work	Application for Registration		Documentation supporting Competence		
				(C) Commercial	(I) Industrial	Mentor supervision	Manager approved	Proof of Competence
Flammable Gases CtnD	15	Flammable Mixtures	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
	16	Other: (State type of gas)	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
Medical Gases	17	Medical Oxygen	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
Note:								
Do not use Commercial	18	Medical Air	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
	19	Nitrous Oxide	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
	20	Entenox	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
	21	Medical mixtures	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			
	22	Other: (State type of gas	1. Design	<input type="checkbox"/>	<input type="checkbox"/>			
			2. Installation	<input type="checkbox"/>	<input type="checkbox"/>			
			3. Maintenance & Repair	<input type="checkbox"/>	<input type="checkbox"/>			

				Application for Registration		Documentation supporting Competence		
				(Tick the appropriate box/s)		Mentor supervision	Manager approved	Proof of Competence
Primary Classification	No.	Gas Systems	Scope of Work	(C) Commercial	(I) Industrial			
Food Gases	23	Nitrogen	1. Design					
			2. Installation					
			3. Maintenance & Repair					
Note:								
Food Gas systems must conform to HACCP requirements	24	Carbon Dioxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	25	Mixtures of O2/CO2/N2	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	26	Sulphur Dioxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	27	Ethylene Oxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	28	Food Mixtures	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	29	Other: (State type of gas)	1. Design					
			2. Installation					
			3. Maintenance & Repair					

				Application for Registration		Documentation supporting Competence		
				(Tick the appropriate box/s)		Mentor supervision	Manager approved	Proof of Competence
Primary Classification	No.	Gas Systems	Scope of Work	(C) Commercial	(I) Industrial			
Beverage Gases	30	Nitrogen	1. Design					
			2. Installation					
			3. Maintenance & Repair					
Note:								
Beverage Gas systems conform to HACCP requirements	31	Carbon Dioxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	32	Sulphur Dioxide	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	33	Beverage Mixtures	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	34	Other: (State type of gas)	1. Design					
			2. Installation					
			3. Maintenance & Repair					

Primary Classification	No.	Gas Systems	Scope of Work	Application for Registration		Documentation supporting Competence		
				(Tick the appropriate box/s) DO NOT USE COMMERCIAL		Mentor supervision	Manager approved	Proof of Competence
				(C) Commercial	(I) Industrial			
Special Gases	35	Toxic	1. Design					
Note:			2. Installation					
Do not use Commercial			3. Maintenance & Repair					
	36	Corrosive	1. Design					
Notes:			1. Installation					
1)Gas systems are design for			2. Maintenance & Repair					
the major hazard property of	37	Pyrophoric	1. Design					
the Gas			2. Installation					
2) Special requirements for			3. Maintenance & Repair					
High Purity and Ultra high	38	High and Ultra High	1. Design					
purity gas systems		Purity Gas	2. Installation					
			3. Maintenance & Repair					
	39	Special Gas Mixtures	1. Design					
			2. Installation					
			3. Maintenance & Repair					
	40	Other: (State type of gas)	1. Design					
			2. Installation					
			3. Maintenance & Repair					

1. SUPPORTING DOCUMENTATION

RECOMMENDED BY MENTOR:

Mentee's Name: _____

(Note: The mentor must be a SAQCC Gas Practitioner for the scope being mentored.)

Name: _____

Surname: _____

SAQCC No: _____

Signature: _____

Date: _____

RECOMMENDATION BY LINE MANAGER / SUPERVISOR:

I, Name: _____ Surname: _____

being the Line Manager/Supervisor (***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.

Signature: _____

Date: _____

2. QUALIFICATIONS

Secondary Education:	
Major Subjects	
Level Attained	
Period From:	
Period To:	

Tertiary and/or Technical Education:	
Major Subjects	
Final Qualification	
Period From:	
Period To:	

Apprenticeship/learner-ship served as	
From:	
To:	
Employer during Apprenticeship/learner-ship:	

3. EMPLOYMENT HISTORY (Chronological Order)

Present Employer:

Employer:	
From Date:	
To Date:	
Manager/Supervisor Name:	
Type of business	
Tel of business	
Present Position Held	
Signed by (employer)	

Previous Employer:

Employer:	
From Date:	
To Date:	
Manager/Supervisor Name:	
Type of business	
Tel of business	
Present Position Held	

Previous Employer:

Employer:	
From Date:	
To Date:	
Manager/Supervisor Name:	
Type of business	
Tel of business	
Present Position Held	

4. BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITIES

Describe in brief the activities of your current business i.e.

- 1. Detail scope of work: Design, Installation, Maintenance & Repair*
- 2. Industry sectors where the work is carried out. i.e. Industrial, Medical/Hospitals, Food Packaging, Beverage/Pub Installations, Laboratories, etc.*

5. GAS PROJECTS

Instructions

1. You should provide a description of the last 5 chronological Gas Projects which support this application covering design, installation, maintenance & repair, where applicable. This should include details relating to the magnitude and scope of the project including the National/International Standards used and the level of responsibility and contribution to testing and final acceptance.
2. Projects to be listed and described in date order.

NB: Attach a separate sheet/s with above information and add your name and signature.

I, the undersigned, hereby confirm that.

1. *All the information included within this application is true and valid.*

Name: _____

Signature: _____

Email to: Emily.Mbongwa@sacga.co.za

OR

Postnet Courier: SACGA Shop 4, Stoneridge Centre, 1 Stoneridge Dr, Greenstone Park, Edenvale, 1609

OR

Courier To: SACGA, Stoneridge Office Park, REGUS, Block C - Ground Floor, 8 Greenstone Place, Edenvale



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 authorized 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 fullest extent possible, constant with the wellbeing 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 apply the desired application skills efficiently and effectively 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 cognizance of the SAQCC Gas Disciplinary Code of Conduct and Disciplinary Procedure.
13. e in compliance 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 Code of Practice.

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

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SAQCC Reg No:
