



Southern Africa Compressed Gases Association

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 Email: Emily.Mbongwa@sacga.co.za

NEW REGISTRATION AS AN AUTHORISED GAS PRACTITIONER FOR DESIGN ONLY

I hereby apply for registration as Gas Practitioner for DESIGN 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 GAS 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, ID Card 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 you will be registered as a Gas Practitioner for Design.

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

STREET ADDRESS	
Address	
Suburb / Town	
Province	
Postal code	

GAS PRACTITIONER - DESIGN: APPLICATION SUMMARY FOR REGISTRATION

- Using the form below (Pages 3 & 4), place a Tick mark in the Application for Registration column against the scope of work for each gas being applied for. This shall be carried out in conjunction with the Design Matrix in the document "Requirements to become a Registered SACGA Gas Practitioner (Design)".
- Attach to this application the supporting documentation (Portfolio of Evidence) defined in "Requirements to become a Registered SACGA Gas Practitioner (Design)".

Primary Classification	Gas Type No.	Scope of Work	Application for Registration (Tick applicable box)	Confirm Portfolio of Evidence supplied (Y / N)
Inert Gases: Nitrogen, Argon, Carbon Dioxide, Helium, Inert Mixtures, Air Breathing (Not Utility Air & Not Med Air)	1	Design		
Oxidant Gases: Oxygen, Nitrous Oxide, Oxidant Mixtures	2	Design		
Flammable Gases: Hydrogen, Methane, Carbon Monoxide, Natural Gas, Propane (not Domestic or Commercial), Butane, Flammable Mixtures	3	Design		
Flammable Gases: Acetylene	4	Design		
Medical Gases: Medical Oxygen, Medical Air, Nitrous Oxide, Entonox, Medical Mixtures	5	Design		
Food Gases: Nitrogen, Carbon Dioxide, Mixtures of O ₂ /CO ₂ /N ₂ , Sulphur Dioxide, Ethylene, Ethylene Oxide, Food Mixtures	6	Design		

Primary Classification	Gas Type No.	Scope of Work	Application for Registration (Tick applicable box)	Confirm Portfolio of Evidence supplied (Y / N)
Beverage Gases: Nitrogen, Carbon Dioxide, Sulphur Dioxide, Beverage Mixtures	7	Design		
Laboratory Installation Gases: Nitrogen, Argon, Carbon Dioxide, Helium, Xenon, Inert Mixtures, Carbon Monoxide, Sulphur Dioxide, Nitrous Oxide, Hydrogen, Acetylene. Excludes Utility Air	8	Design		
Special Gases: Flammable, Toxic, Corrosive, Pyrophoric, High and Ultra High gas, Special Gas Mixtures	9	Design		
Cryogenic Liquids: Oxygen, Nitrogen, Argon, Xenon, Air, Helium, Hydrogen, Carbon Dioxide, Natural Gas (LNG)	10	Design		

1. Supporting Documentation

Refer to the document "Requirements to become a Registered SACGA Gas Practitioner Design" and complete sections 2 to 5 below.

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	
Position Held	

Previous Employer:

Employer:	
From Date:	
To Date:	
Manager/Supervisor Name:	
Type of business	
Tel of business	
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.*
- 2. Industry sectors where the design work is carried out. i.e. Industrial, Medical/Hospitals, Food Packaging, Beverage/Pub Installations, Laboratories, etc.*

5. GAS DESIGN PROJECTS

Instructions

1. In line with the requirements contained in the document 'Requirements to become a Registered SACGA Gas Practitioner (Design)', provide all the required documentation to satisfy the requirements related to your Portfolio of Evidence.

NB: Attach the Portfolio of Evidence in a manner that aligns the information with the bullet points in the document 'Requirements to become a Registered SACGA Gas Practitioner (Design)'

I, the undersigned, hereby confirm that.

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

Applicants Name: _____

Signature: _____

Date: _____

RECOMMENDATION BY LINE MANAGER / SUPERVISOR:

I, Name: _____ Surname: _____

being the Line Manager/Supervisor (***cross out which is not applicable***) of the applicant (insert full Name) _____ hereby confirm that the above registration categories are in line with the applicant's job level and as such the applicant is recommended for registration for Design.

Signature: _____

Date: _____

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

FOR SACGA OFFICE USE

RECOMMENDATION BY SACGA PEER GROUP REVIEW MEMBERS:

The following signatories hereby confirm that the applicant (insert full Name)

_____ has demonstrated full compliance with the requirements set out in the document “**Requirements to become a Registered SACGA Gas Practitioner (Design)**” and thereby recommend the applicant for registration for Design.

First name and Surname	SAGCC No.	Approved (Y/N)	Signature	Date



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 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. 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 Code of Practice.

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

FOR OFFICE USE ONLY – DO NOT COMPLETE THIS BLOCK

SAQCC Reg No:
