



# SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS' ASSOCIATION

2nd Floor Donmed House, Cambridge Place, Cnr Kirkby & Oxford Roads, Bedford Gardens, Bedfordview  
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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.**

**2019**

REQUIRED:		Please tick ✓
1	Photographs are not needed for renewal	
2	A photocopy of a valid <b>IDENTITY DOCUMENT</b> must be attached to this form	
3	Attach <b>COPIES</b> of all relevant <b>CERTIFICATES/QUALIFICATIONS</b> or other supporting documents relating to statements made in this application and emailed to the 2 addresses below	
4	The attached <b>CODE OF GOOD PRACTICE</b> must be <b>COMPLETED</b> and <b>SIGNED BY THE APPLICANT</b>	
5	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>	
6	Alternatively - Post the application via REGISTERED POST to: <b>SARACCA; PO BOX 75912 Gardenview 2047</b> and send the tracking number to <a href="mailto:suzette@saracca.co.za">suzette@saracca.co.za</a>	

PAYMENT GUIDELINES:		✓
*	<b>Payment of R2392.00</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 2020.</b>	
*	Bank account details: <b>First National Bank; Branch No. 252155 – Bedford Gardens: Account No. 59630030903 (current account)</b>	
*	Use your <b>initials and surname for reference when making payment</b>	
*	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>	

**PLEASE NOTE:**

***This application form/fee is valid until the end of February 2020***

**PERSONAL DETAILS**

First names													
Surname													
ID no.													
Telephone No.													
E-mail address													
Cell phone													
Position held in company													
<b>Courier Address</b>	<b>Address to which card will be couriered</b>					<b>Residential Address</b>							
<b>Street Name and Number</b>						<b>Unit/Flat no</b>							
<b>Town</b>						<b>No &amp; street</b>							
<b>Province</b>						<b>Suburb/town</b>							
<b>Code</b>						<b>Code</b>							
<b>Contact Person</b>													
<b>Contact Number</b>													
<b>OR</b>	<b>Arrange for the Card to be collected from SARACCA office</b>							<b>Yes</b>	<b>No</b>				

**CURRENT EMPLOYER DETAILS**

<b>Employer / Company name Name to be printed on card:</b>							
<b>Type of Business</b>							
<b>Postal Box No</b>				<b>Contact Person in company</b>			
<b>Suburb/Town</b>				<b>Position held</b>			
<b>Province</b>				<b>Office Telephone No</b>			
<b>Post code</b>				<b>Office E-mail address</b>			
<b>Invoice details e.g. Full Company name</b>							
<b>VAT#</b>	<b>VAT confirmation letter attached</b>				<b>Yes</b>	<b>No</b>	

**PREVIOUS EMPLOYER IF JOB CHANGED SINCE PREVIOUS REGISTRATION:**

<b>Employer / Company name</b>		
	<b>From Date:</b>	<b>To Date</b>
<b>Type of business</b>		
<b>Telephone of business</b>		

**QUALIFICATIONS OBTAINED AND COURSES SINCE PREVIOUS REGISTRATION**

<b>REFRESHER COURSE</b>	<b>Date</b>	<b>Training Provider</b>
<b>OTHER</b>	<b>Date</b>	<b>Training Provider</b>

ATTACH COURSE CERTIFICATES

**TRADE QUALIFICATIONS SINCE PREVIOUS REGISTRATION**

<b>TRADE APPRENTICESHIP OR LEARNER-SHIP</b>		
<b>From:</b>	<b>To:</b>	
<b>Year trade test certificate issued</b>		

Employer during Apprenticeship/learner-ship:	
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**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

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"
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
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, (Full Name)..... 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 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 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. Be in compliance with the SAQCC Gas Anti-Trust Policy and Meeting Rules.
13. Be in compliance to the Occupational Health & Safety Act (No 85 of 1993), Regulations and all required Health and Safety standards and SABS Codes of Practice.

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

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