



# 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 REPLACEMENT OR UPGRADE AS AN AUTHORISED 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

**2020**

PAYMENT GUIDELINES:		✓
*	Payment of <b>R400.00</b> (including VAT) must be made by electronic transfer to <b>SARACCA</b> , A copy of the deposit slip must be attached to this form and emailed to <a href="mailto:suzette@saracca.co.za">suzette@saracca.co.za</a>	
*	Account Details: <b>First National Bank; Branch No.252155 – Bedford Gardens: Account No. 59630030903 – Cheque 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>	
*	Email completed form and proof of payment to: <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>	

### PERSONAL DETAILS

First names												
Surname												
ID no.												
Telephone No.												
E-mail address												
Cell phone												
Position held in company												
<u>Courier Address</u>	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			

**PLEASE NOTE:**

***This application form/fee is valid until the end of February 2021***

## CHANGE OF EMPLOYER - NEW 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 confirmation letter attached	Yes	No

## UPGRADE - QUALIFICATIONS OBTAINED SINCE ORIGINAL REGISTRATION

TRADE APPRENTICESHIP OR LEARNER-SHIP		
From:		
To:		
Employer during Apprenticeship/learner-ship:		
Additional Skills training attended and qualifications <b>ATTACH ALL CERTIFICATES</b>		
Indicate types of plant and equipment worked on		
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

**REPLACEMENT CARD**

REASON:	✓	
LOST OR STOLEN CARD		
OTHER – PLEASE SPECIFY REASON		

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.

SIGNED .....

DATE.....

APPLICANT

