



Southern Africa Compressed Gases Association

Stoneridge Office Park, REGUS, Block C, Ground Floor, 8 Greenstone Place, Edenvale, Gauteng
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 Email: Emily.Mbongwa@sacga.co.za

“NEW” REGISTRATION AS AN AUTHORISED GAS PRACTITIONER Installation, Maintenance and Repair (Excludes Design)

I hereby apply for registration as a 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 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.

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	

Application for Gas Practitioner Registration Categories

Category A = Installation

Category B = Maintenance and Repair

Applicant to tick the relevant box below.

Gas Type No.	Category: Installer A and or Maintenance & Repair B:	A (Tick box)	B (Tick box)
1	Inert Gases		
2	Oxidant Gases		
3	Flammable gases excluding LPG		
4	Acetylene		
5	Medical Gases		
6	Food Gases		
7	Beverage Gases		
8	Laboratory Gases		
9	*Special Gases		
10	Cyrogenic Liquids		

GAS PRACTITIONER: APPLICATION SUMMARY FOR REGISTRATION (Excluding DESIGN)

1. The Applicant shall demonstrate that he/she has worked in the gas industry for a minimum period of 2 year prior to applying for registration as a gas practitioner.
2. In addition to item 1. The applicant shall have been Mentored by a Gas Practitioner registered with the SAQCC Gas and having a SACGA licence covering the scope/s of work for which the applicant is applying.
3. Using the form below place a Tick mark in the Application for Registration column against the scope of work for each gas being applied for.
4. Identify the supporting documentation (Portfolio of Evidence) and attach it to this application.
5. Design – means designing systems to a recognised standard/s. Not part of this application form. For Design apply using the Dedicated Design Form.
6. Installation – includes construction, instrumentation, installation, and commissioning activities.
7. Maintenance & Repair - means maintenance & repair of the gas system including inspection.

Primary Classification / Gas System Category	Gas Type No.	Scope of Work	Application for Registration (Tick the appropriate box/s)	Mentors' approval Signature	Managers approved Signature	Confirm Portfolio of Evidence supplied (Y/N)
Inert Gases comprising: Nitrogen, Argon, Carbon Dioxide, Helium, Xenon, Inert Mixtures. Excludes Utility Air	1A	Installation				
	1B	Maintenance & Repair				
Other: (State type of gas)	1A	Installation				
	1B	Maintenance & Repair				
Oxidant Gases comprising: Oxygen, Nitrous Oxide, Oxidant Mixtures	2A	Installation				
	2B	Maintenance & Repair				
Other: (State type of gas)	2A	Installation				
	2B	Maintenance & Repair				

Primary Classification / Gas System	Gas Type No.	Scope of Work	Application for Registration (Tick the appropriate box/s)	Mentors' approval Signature	Managers approved Signature	Confirm Portfolio of Evidence supplied (Y/N)
Flammable Gases comprising: Hydrogen, Methane, Natural Gas, Butane, Propane (Not domestic or Commercial), Flammable Mixtures	3A	Installation				
	3B	Maintenance & Repair				
Other: (State type of gas)	3A	Installation				
	3B	Maintenance & Repair				
Flammable Gas: Acetylene	4A	Installation				
	4B	Maintenance & Repair				
Medical Gases comprising: Medical Oxygen, Medical Air / Breathing Air, Medical Nitrous Oxide, Entonox, Medical Mixtures, Vacuum.	5A	Installation				
	5B	Maintenance & Repair				
Other: (State type of gas)	5A	Installation				
	5B	Maintenance & Repair				

Primary Classification / Gas System	Gas Type No.	Scope of Work	Application for Registration (Tick the appropriate box/s)	Mentors' approval Signature	Managers approved Signature	Confirm Portfolio of Evidence supplied (Y/N)
Food Gases comprising: Nitrogen, Carbon Dioxide, Mixtures of O2/CO2/N2, Sulphur Dioxide, Ethylene Oxide, Food mixtures. These gases shall conform to HACCP requirements.	6A	Installation				
	6B	Maintenance & Repair				
Other: (State type of gas)	6A	Installation				
	6B	Maintenance & Repair				
Beverage Gases comprising: Nitrogen, Carbon Dioxide, Sulphur Dioxide, Beverage Mixtures. These gases shall conform to HACCP requirements.	7A	Installation				
	7B	Maintenance & Repair				
Other: (State type of gas)	7A	Installation				
	7B	Maintenance & Repair				
Laboratory Installation Gases comprising: Nitrogen, Argon, Carbon Dioxide, Helium, Xenon, Inert Mixtures, Carbon Monoxide, Sulphur Dioxide, Nitrous Oxide, Hydrogen, Acetylene. Excludes Utility Air	8A	Installation				
	8B	Maintenance & Repair				
Other: (State type of gas)	8A	Installation				
	8B	Maintenance & Repair				

Primary Classification / Gas System	Gas Type No.	Scope of Work	Application for Registration (Tick the appropriate box/s)	Mentors' approval Signature	Managers approved Signature	Confirm Portfolio of Evidence supplied (Y/N)
Special Gases comprising: Toxic, Corrosive, Pyrophoric, High & Ultra High purity gas, Special gas Mixtures. *1) Gas systems are design for the major hazard property of the gas. *2) Special requirements for High Purity and Ultra High purity gas systems.	9A	Installation				
	9B	Maintenance & Repair				
Other: (State type of gas)	9A	Installation				
	9B	Maintenance & Repair				
Cyrogenic Liquids comprising: Air, Argon, Carbon Dioxide, Helium, Hydrogen, Natural Gas (LNG), Nitrogen, Oxygen, Xenon	10A	Installation				
	10B	Maintenance & Repair				
Other: (State type of liquid)	10A	Installation				
	10B	Maintenance & Repair				

1. SUPPORTING DOCUMENTATION - Portfolio of Evidence

The required Portfolio of Evidence comprises all information requested in parts 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: 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 shall provide a description of the last 5 chronological Gas Projects which support this application covering installation, maintenance & repair, where applicable. This shall 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.
3. A Digital CoC signed off by the Mentor and countersign by the applicant pertaining to the last 5 chronological Gas Projects shall be provided.

NB: Attach a separate sheet/s with above information and add your name and signature. The mentor, Line Manager / Supervisor shall sign and date each page.

I, the undersigned, hereby confirm that.

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

Applicants Name: _____

Signature: _____

Date: _____

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:** _____

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 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:

Rev 10 dated 19 August 2020