



# Southern Africa Compressed Gases Association

Post net Suite #34, Private Bag X2, Edenglen, 1613, Gauteng, South Africa  
 Tel no. +27 (0)82 497 7441 / +27 (0) 72 129 1379  
 Email : sacgass@iafrica.com

## “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 15<sup>th</sup> July 2009 – “Pressure Equipment Regulations (PER)”

*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. Two (2) colour passport photos – endorsed on reverse side with own name, ID No.
2. Certified copy of valid ID bar-coded green book or passport.
3. Copies of all supporting documents relating to statements made in this application.
4. Signed Code of Good Practice for a Gas Practitioner.

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 and an invoice submitted.** Only once payment has been received will you then be registered as a Gas Practitioner.

<b>Initials</b>		<b>PLACE ID PHOTO HERE</b>
<b>First name</b>		
<b>Surname</b>		
<b>ID no.:</b>		
<b>Self employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer</b>		
<b>Tel</b>		
<b>Cell</b>		
<b>Email</b>		

POSTAL ADDRESS		STREET ADDRESS	
<b>Address</b>		<b>Address</b>	
<b>Suburb / Town</b>		<b>Suburb / Town</b>	
<b>Province</b>		<b>Province</b>	
<b>Postal code</b>		<b>Postal code</b>	

## GAS PRACTITIONER : APPLICATION SUMMARY

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	Gas Systems	Scope of Work	Application for Registration		Documentation supporting Competence		
			(Tick the appropriate box/s)		Mentor supervision	Manager approved	Proof of Competence
			Commercial (C)	Industrial (I)			
Inert Gases	1. Nitrogen	1. Design					
		2. Installation					
		3. Maintenance & Repair					
	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. 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	Gas Systems	Scope of Work	(C) Commercial	(I) Industrial			
<b>Oxidant Gases</b>	6. Oxygen	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Note:							
	7. Nitrous Oxide	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	8. Other: (State type of gas)	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Flammable Gases</b>	9. Hydrogen	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Note:							
	10. Methane	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	11. Natural Gas (LNG/CNG)	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	12. Acetylene	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	13. Other: (State type of gas)	1. Design	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		2. Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		3. Maintenance & Repair	<input checked="" 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	Gas Systems	Scope of Work	(C) Commercial	(I) Industrial			
<b>Medical Gases</b>	14. Medical Oxygen	1. Design	<input checked="" type="checkbox"/>				
		2. Installation	<input checked="" type="checkbox"/>				
		3. Maintenance & Repair	<input checked="" type="checkbox"/>				
Note:							
	15. Medical Air	1. Design	<input checked="" type="checkbox"/>				
		2. Installation	<input checked="" type="checkbox"/>				
		3. Maintenance & Repair	<input checked="" type="checkbox"/>				
	16. Nitrous Oxide	1. Design	<input checked="" type="checkbox"/>				
		2. Installation	<input checked="" type="checkbox"/>				
		3. Maintenance & Repair	<input checked="" type="checkbox"/>				
	17. Entenox	1. Design	<input checked="" type="checkbox"/>				
		2. Installation	<input checked="" type="checkbox"/>				
		3. Maintenance & Repair	<input checked="" type="checkbox"/>				
	18. Other: (State type of gas)	1. Design	<input checked="" type="checkbox"/>				
		2. Installation	<input checked="" type="checkbox"/>				
		3. Maintenance & Repair	<input checked="" type="checkbox"/>				
<b>Food Gases</b>	19. Nitrogen	1. Design					
		2. Installation					
		3. Maintenance & Repair					
Note:							
1) Food Gas systems have to conform to HACCP requirements	20. Carbon Dioxide	1. Design					
		2. Installation					
		3. Maintenance & Repair					
	21. Mixtures of O2/CO2/N2	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	Gas Systems	Scope of Work	(C) Commercial	(I) Industrial			
	22.Sulphur Dioxide	1. Design					
		2. Installation					
		3. Maintenance & Repair					
	23.Ethylene Oxide	1. Design					
		2. Installation					
		3. Maintenance & Repair					
	24.Other: (State type of gas)	1. Design					
		2. Installation					
		3. Maintenance & Repair					
<b>Beverage Gases</b>	25.Nitrogen	1. Design					
		2. Installation					
		3. Maintenance & Repair					
Note:							
1) Beverage Gas systems have to conform to HACCP requirements	26.Carbon Dioxide	1. Design					
		2. Installation					
		3. Maintenance & Repair					
	27.Sulphur Dioxide	1. Design					
		2. Installation					
		3. Maintenance & Repair					
	28.Other: (State type of gas)	1. Design					
		2. Installation					
		3. Maintenance & Repair					

Primary Classification	Gas Systems	Scope of Work	Application for Registration		Documentation supporting Competence		
			(C) Commercial	(I) Industrial	Mentor supervision	Manager approved	Proof of Competence
<b>Special Gases</b>	29.Toxic	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"/>			
Notes:							
1) Gas systems are design for the major hazard property of the Gas	30.Corrosive	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"/>			
2) Special requirements for High Purity and Ultra high purity gas systems	31.Pyrophoric	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"/>			
	32.High and Ultra High Purity 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"/>			
	33.Gas 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"/>			
	34.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"/>			

## 1. SUPPORTING DOCUMENTATION

### RECOMMENDED BY MENTOR:

**(Note: The mentor has to 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

<b>Secondary Education:</b>	
<b>Major Subjects</b>	
<b>Level Attained</b>	
<b>Period From:</b>	
<b>Period To:</b>	

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

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

## 3. EMPLOYMENT HISTORY (Chronological Order)

### Present Employer:

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



**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: [sacgass@iafrica.com](mailto:sacgass@iafrica.com)

OR

Postnet Courier: SACGA, Postnet Karaglen, Shop 22 Karaglen Shopping Centre, Cnr Harris Ave &, Baker Rd,  
Edenglen, Kempton Park, 1609

OR

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

OR

Post To (Not advisable): SACGA, Postnet Suite #34, Private Bag X2, Edenglen, 1613, Gauteng, South Africa

---



**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 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. 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**

**FOR OFFICE USE ONLY – DO NOT COMPLETE THIS BLOCK**

<b>SAQCC Reg No:</b> .....
----------------------------