



Section/division:
Telephone number:
Physical address:
Postal address:

AIRWORTHINESS: ENGINEERING
+27 11-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Fax Number: +27 11-545-1462

Form Number: CA 145-06a

Website: www.caa.co.za

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE			
Bank: Standard Bank of SA Ltd	Branch: Brooklyn, Pretoria	Branch Code: 011245	Account Number: 013007971
COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)			
Service/transaction	Over the counter payments		EFT, Internet, Wire, Electronic payments
Fees: See CAR Part 187.00.10			
APPLICATION FOR DESIGNATED AIRWORTHINESS REPRESENTATIVE (AUTHORISED PERSON)			

<i>Please mark the appropriate block</i>	
<input type="checkbox"/>	INITIAL ISSUE
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	AMENDMENT
NOTES:	
(i) An application for delegation as Airworthiness Authorised Person must comply with the provisions of Civil Aviation Act no 13 of 2009, chapter 6 section 88.	
(ii) The original application must be submitted to the Director of Civil Aviation via email address eng@caa.co.za .	
(iii) Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.	

1. PARTICULARS REGARDING THE APPLICANT			
1.1.	First names		
1.2.	Surname		
1.3.	ID Number		
1.4.	Authorisation No. (If Renewal or Amendment)		
1.5.	Aircraft Maintenance Organization (AMO) Number		
1.6.	Name of the Maintenance Organization		
1.7.	Residential Address of Applicant	1.8.	Physical Address of the AMO
	Postal code		Postal code
1.9.	Telephone number		
1.10	Email Address		
2. DESCRIPTION OF SCOPE OF AUTHORISATION			

3.	SUPPORTING DOCUMENTS <i>(Please mark the appropriate block)</i>		
	<input type="checkbox"/>	Letter of Authorised Person Nomination (signed by the accountable manager)	
	<input type="checkbox"/>	Copy of ID/proof of identification	
	<input type="checkbox"/>	Copies of qualifications	
	<input type="checkbox"/>	Copy of the applicant's Curriculum Vitae	
	<input type="checkbox"/>	A reference letter detailing the applicant's experience in the engineering functional area of the delegation sought.	
	<input type="checkbox"/>	Copy of the AME license (for installations only)	
4.	DECLARATION		
	I, the applicant, hereby declare that the particulars provided in this application are true in every respect and I am an employee of the AMO referred.		
	SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE
	SIGNATURE OF AMO ACCOUNTABLE MANAGER	NAME IN BLOCK LETTERS	DATE
FOR OFFICIAL USE ONLY			
APPLICATION ACCEPTED		APPLICATION NOT ACCEPTED	
File reference			
	SIGNATURE OF AN AUTHORISED OFFICER	NAME IN BLOCK LETTERS	DATE