



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 147-06

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 ENGINEERING REPRESENTATIVE (AUTHORISED PERSON)

Please mark the appropriate block

	INITIAL ISSUE
	RENEWAL
	AMENDMENT

NOTES:

- (i) An application for delegation as Engineering 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.	Approved Design Organization (ADO) Number		
1.6.	Name of the Design Organization		
1.7.	Residential Address of Applicant	1.8.	Physical Address of the ADO
	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>	
	• Letter of Authorised Person Nomination (signed by the accountable manager)	
	• Copy of ID/proof of identification	
	• Copies of qualifications	
	• Copy of the applicant's Curriculum Vitae	
	• A reference letter detailing the applicant's experience in the engineering functional area of the delegation sought.	
	• 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 ADO referred.	
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF DESIGN ORGANISATION ACCOUNTABLE MANAGER	NAME IN BLOCK LETTERS	DATE
FOR OFFICIAL USE ONLY		
APPLICATION ACCEPTED		APPLICATION NOT ACCEPTED
File reference		
SIGNATURE OF AIRWORTHINESS ENGINEERING MANAGER	NAME IN BLOCK LETTERS	DATE