



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

AIRWORTHINESS
011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Email:

Aircraft@caa.co.za

Form Number: CA 24-05

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 Part187.01.2			
APPLICATION FOR SPECIAL FLIGHT PERMIT (AMATEUR AIRCRAFT)			

Please mark the appropriate block			
<input type="checkbox"/> Application for the issue of a special flight permit			
<input type="checkbox"/> Application for the amendment of a special flight permit			
NOTES: * Please delete if not applicable.			
(i) An application for the issuing of a Special Flight Permit, or amendment thereof, must comply with the provisions of CAR 24.02.4			
(ii) The original application must be submitted to the Director of Civil Aviation.			
(iii) Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.			
AIRCRAFT REGISTRATION MARKS			Z -
1. PARTICULARS REGARDING THE OWNER / OPERATOR			
1.1	Full name		
1.2	Full business / residential address		1.3 Postal address
	Postal Code		
1.4	Telephone number	1.5	Fax number
1.6	Details of organization/person to be contacted for further information concerning this application:		
	Name		
	Position		
	Postal address		Postal code
	Telephone number	Fax number	
2. PARTICULARS REGARDING THE AIRCRAFT			
2.1	Manufacturer		
2.2	Model designation		
2.3	Constructor's serial number	2.4	Place of manufacture
2.5	Date of manufacture	2.6	Location of aircraft
2.7	Aircraft maintenance organisation		(if applicable)
3. PARTICULARS REGARDING THE PURPOSE OF THE FLIGHT (Note: * Please mark the appropriate box)			
<input type="checkbox"/> Ferry flight		<input type="checkbox"/> Aircraft evacuation	
<input type="checkbox"/> Flight testing		<input type="checkbox"/> Customer demonstration	
<input type="checkbox"/> Other – specify			
3.1	Reason(s) why special flight permit is required		

3.2	Proposed itinerary												
3.3	Proposed flight crew (essential crew only)												
3.4	Proposed operating limitations												
3.5	The aircraft has been certified safe for flight by											(Name of AME /AMO/AP)	
4.	OTHER DETAILS REQUIRED FROM APPLICANT FOR ISSUE OF PERMIT												
4.1	Crew required to operate aircraft and its equipment (e.g. pilot, co-pilot, navigator etc):												
4.2	Ways, if any, in which aircraft does not comply with applicable airworthiness standards (e.g. defects, damage, unapproved modifications, outstanding Airworthiness Directives):												
4.3	Restrictions considered necessary by the applicant for safe operation of the aircraft:												
4.4	Other information regarding the condition of the aircraft:												
	i.	Has the Maintenance Release expired?								YES		NO	
		If yes, for how long?		hours	Date of expiry								
						Y	Y	Y	Y	M	M	D	D
	ii.	For what reason did the Maintenance Release expire?											
	iii.	When was the aircraft last flown?	Date										
				Y	Y	Y	Y	M	M	D	D		
	iv.	When was the engine last run?	Date										
				Y	Y	Y	Y	M	M	D	D		
	v.	Has the engine(s) been maintained to manufacturer's procedures for inactive protection?								YES		NO	
		If "NO", supply details of alternative procedures											
Note: If space provided, is not sufficient, kindly use attachments for items above.													
SIGNATURE OF AIRCRAFT MAINTENANCE ENGINEER / ORGANISATION / APPROVED PERSON				NAME IN BLOCK LETTERS				DATE					
AME LICENCE NUMBER													
5.	DECLARATION:												
	I hereby declare that I am the registered owner / owner's agent and to the best of my knowledge and belief, the particulars contained in this application are accurate in every respect and show compliance with the regulations in Part 24 of the Civil Aviation Regulations 2011, as amended. I am satisfied that the aircraft described above can be operated with safety for the intended flight or flights.												

SIGNATURE OF OWNER OR AGENT		NAME IN BLOCK LETTERS		DATE		
FOR OFFICIAL USE ONLY						
Special flight Permit checklist				YES	NO	N/A
Invoice indicating correct proof of payment?						
Project number						
Confirm if aircraft is certified safe for the intended flight.						
Application Referred to Airworthiness review board?						
<i>Note: for post-accident permit the application has to be processed through the Aircraft Review Board.</i>						
Ferry		Test flight		Maintenance release expired		
Inspector's comments:						
PERMIT RECOMMENDED FOR ISSUE				PERMIT NOT RECOMMENDED FOR ISSUE		
SIGNATURE OF AIRWORTHINESS INSPECTOR		NAME IN BLOCK LETTERS		DATE		
Manager's comments:						
APPLICATION APPROVED				APPLICATION NOT APPROVED		
SIGNATURE OF MANAGER OR SENIOR MANAGER AIRWORTHINESS		NAME IN BLOCK LETTERS		DATE		