



Department:
Telephone number:
Physical address:
Postal address:

Airworthiness: Aircraft Inspection & Registration
0860 267 435
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Email address: Registration@caa.co.za

Form Number: CA 47-12

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

APPLICATION FOR RESERVATION OF TEST FLIGHT REGISTRATION LETTERS (APPROVED LOCAL MANUFACTURES)

Notes: (Please read carefully)

- Supporting documents:** In each of the aforesaid applications contained herein, the supporting documents to accompany each application are set out in detail. Please pay meticulous attention to compliance therewith.
- Certification of supporting documents:** Kindly note that certification of all annexures must be made by a Commissioner of Oaths or Notary Public of a **non-interested party** on the front of every page and must include a full signature and ink stamp with full details, address and certification statement of such Commissioner of Oaths or Notary Public.
- Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto
- The original application** must be submitted to the Director of Civil Aviation at registration@caa.co.za

SACAA USE ONLY (Documentation received)

Reference Number			
Time			
SIGNATURE OF OFFICER		NAME IN BLOCK LETTERS	
A.	DETAILS OF APPROVED LOCAL MANUFACTURER		
1.	PARTICULARS OF THE APPROVED LOCAL MANUFACTURER		
1.1	Full name of the applicant (company/ close corporation)		
1.2	Trade name (if applicable)		
1.3	Full business/residential address		1.4
	Postal code		
		Postal address	
Postal code		Postal code	
1.5	Telephone: home	1.6	Telephone: office
1.7	Cellular phone	1.8	Fax number
1.9	E-mail address		
1.10	Legal status of applicant/registered owner / company / close corporation		
1.11	Registration number in the case of a company / close corporation:		
1.12	Date of registration of company / close corporation		

1.13	Full particulars in respect of each director / member.		
	Surname & Initials	Position	Identity number
B.	DETAILS OF THE AIRCRAFT		
2.	PARTICULARS REGARDING THE AIRCRAFT (TO BE TEST FLOWN)		
2.1	I, the undersigned		
	Full Name of Director / Member / Person Authorised in the resolution on page 4 hereof to act on behalf of the Applicant		
	Hereby apply for the reservation of test flight registration letters for the aircraft		
	Manufacturer's name		
	Model / Type		
	Serial Number		
	Date of Manufacture		
2.2	I hereby declare that the above particulars contained herein as well as documentation submitted in support of the application are true and correct in every respect and apply herewith for the reservation of test flight registration letters		
	SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE
	Capacity of signatory		
	Name of company, close corporation, other-specify		
C.	DOCUMENTATION		
3.	SUPPORTING DOCUMENTS:		
	Mark and attach appropriate documents relevant to this application		
3.1	Copy of the valid manufacturers organisation approval certificate issued by the DCA according to (Part 148)		
3.2	Copy of the valid design approval certificate issued by the DCA according to (Part 21 or Part 24)		
3.3	Copy of the latest register of directors approved in terms of the Companies Act, 2008 (Act No 71 of 2008)		
3.4	A copy of the latest founding statement approved in terms of the Close Corporation Act, 1984 (Act 69 of 1984)		
3.5	Any of the following certified documents: SA Identity document, SA passport, valid SA drivers licence, as authorised on the resolution.		
3.6	Appropriate fee		
3.	RESOLUTION		
RESOLUTION OF THE			
	(DIRECTORS / MEMBERS / OTHER - specify)		

OF			
<i>(NAME OF COMPANY / CLOSE CORPORATION / OTHER -specify)</i>			
PASSED AT	<i>(PLACE)</i>	ON	<i>(DATE)</i>
RESOLVED:			
3.1	That		applies for
<i>(Name of Company / Close Corporation / Other -specify)</i>			
3.2	the reservation of testing flight registration letters of aircraft		
	Model/ Type		
	Serial Number		
3.3	That		
<i>(Full Name of Director / Member / Other- specify)</i>			
	is authorised to take all the necessary steps on behalf of		
<i>(Name of Company / Close Corporation / Other- specify)</i>			
to sign the application form and to finalise the application as specified above, in execution of this resolution.			
Signatures of AT LEAST THREE Directors / Members / Other- specify			
SIGNATURE	NAME IN BLOCK LETTERS	CAPACITY	
SIGNATURE	NAME IN BLOCK LETTERS	CAPACITY	
SIGNATURE	NAME IN BLOCK LETTERS	CAPACITY	