



Section/division: AVSEC: Training and Certifications
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Form Number: CA 109-08

Website: www.caa.co.za

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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 AVIATION SECURITY INSTRUCTOR INITIAL / RENEWAL CERTIFICATION

INSTRUCTIONS ON COMPLETING THE APPLICATION FORM

Notes:

- ❖ All prospective aviation security instructors seeking certification must complete this application form.
- ❖ Please submit all the relevant documentation as requested.
- ❖ Incomplete applications will be rejected from the process.
- ❖ If you have queries regarding the application, please refer to the technical guidelines.
- ❖ If you need additional information or clarity on any aspect of the application form, contact the AVSEC – Training and Certification.

1.	PARTICULARS REGARDING THE APPLICANT		
1.1.	First Name		
1.2.	Second Name (If applicable)		
1.3.	Surname		
1.4.	I.D. Number		
	ASTI Approval number (applicable to refresher)		
1.5.	Full business / residential address of Instructor		
1.6.	Postal address of Instructor		
		Postal code	
1.7.	Telephone number		
1.8.	Cellular phone number		
1.9.	E-mail address		
1.10.	Initial Certification Application	Recertification Application	
2.	TRAINING PROGRAMMES		
2.1.	Select the aviation security programme/s you are seeking approval for:		
	Awareness – Cargo	Awareness – General	
	Awareness – RPAS	Level 1 Airport and/or Cargo	
	Level 2 Airport and/or Cargo	Level 3 Airport and/or Cargo	
Other:			

3.	ASTO DETAILS			
3.1.	Name of ASTO instructor registered with			
3.2.	Contact person at ASTO			
3.3.	Full business / residential address of ASTO			
3.4	Postal address of ASTO			
		Postal code		
3.5	Telephone number			
3.6	Fax Number			
3.7	Cellular phone number			
3.8	E-mail address			
3.9	If registered with other ASTO's place details below			
4.	Please indicate if the following copies (where applicable) has been attached to your application form:			
	Proof of registration with ASTO	Yes		No
	Proof of completed training (Train the Trainer / Assessor Course / AVSEC Course)	Yes		No
	Proof of payment of Instructor Certification fee (Part 187)	Yes		No
	Background check (not more than 24 months) – applicable to initial workshop	Yes		No
	Date(s) of training conducted (applicable to refresher workshop)			
4.	The applicant declares hereby that the particulars provided in this application are true in every respect			
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS	DATE	
SIGNATURE OF RESPONSIBLE PERSON OF ASTO		NAME IN BLOCK LETTERS	DATE	
❖ <i>Proof of payment of Instructor Certification fee (Part 187)</i>				