



Section/division: Telephone number: Physical address:

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AVSEC: Training and Certifications 011-545-1000

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Private Bag X73, Halfway House 1685

Website: www.caa.co.za

Form Number: CA 109-23

INSTRUCTOR WORKSHOP ATTENDEE DETAILS FORM

1. PARTICULARS REGARDING THE APPLICANT								
Name								
Surname								
ID Number or								
Passport Number								
Telephone number								
Cellular number								
E-mail address								
Full business / residential address								
Postal address								
Fusial address								
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0 1 111 111			1.6	/DI		al code		
Select the aviation secur	ity programme/s you see	eking ap						
Awareness – Cargo			Awareness – General					
Awareness – RPAS			Level 1 Airport and/or Cargo					_
Level 2 Airport and/or Cargo			Level 3 Airport and/or Cargo					_
Initial Certification Application			Recertification Application					
Name of ASTO('s) you a				ı				
ASTO approval Scope (Please mark with an X)	Awareness – Cargo Awareness – RPAS				Awareness – General Level 1 Airport and/or Cargo			
	Level 2 Airport and/o	IO			Level 3 Airport and/or Cargo			
2. The applicant/ho	older declares hereby t			provi		•	•	respect
1111							<u> </u>	
SIGNATURE OF APPLICANT / AUTHORISED REPRESENTATIVE		NAME IN BLOCK LETTERS			DATE			