

Section/division: Telephone number: Physical address:

AVSEC: Training and Certifications

011-545-1000 Fax Number:

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Website: www.caa.co.za

011-545-1458

Form Number: CA 110-02

Postal address: 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 EFT, Internet, Wire, Electronic payments Over the counter payments Fees: See CAR Part 187.00.10 **AVSEC SCREENER EXAMINATION APPLICATION**

TICK THE APPROPRIATE INITIAL EXAMINATION RECERTIFICATION PERSONAL DETAILS Α Surname Full names Nationality ID/passport number Date of birth: Postal address Postal code Telephone number Fax number Cell phone number E-mail Name of present employer Address of present employer Postal code Gender Race Telephone number Fax number Disability status Home language **EMPLOYER DETAILS (If applicable)** Name of employer Name of Airport/Airline/Regulated Agent/ Known Consignor Name of employer Address of Employer Postal code Contact person/reference at place of employment Phone number of contact person SCREENING AREA/S for which you are applying **SCREENING AREA(s) METHOD OF SCREENING OBJECTIVES**

| CA 110-02 | 08 December 2022 | Page 1 of 3 |
|-----------|------------------|-------------|
|-----------|------------------|-------------|

State in the following page all the formal qualifications/certificates achieved in relation to the screening areas above. Attach

copies of these qualifications to your application, and mark this "Annexure A".

| Name of Organisation | Name of qualification | tion Duration | of course | Year complete | :d |
|---|-------------------------|--------------------------|--------------------------------------|-----------------------|----------|
| | | | | | |
| | | | | | |
| 0(-(-1-1(11-1-1-1-1-1-1-1-1-1-1-1-1- | | | | | |
| State below the industry/technica | | | | • | ove. |
| Attach a comprehensive CV with | references to your appl | ication and clearly marl | k this <u>"Annexur</u> | <u>'e B".</u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of employer | Position held | Per | riod | Key responsibility | areas |
| | | | | | |
| | | | | | |
| | | | | | |
| Declaration | | | | | |
| | | ID number | | | |
| | | ID number | | | |
| Certify that the information | n given in the applic | cation for Examinat | tion is correc | t. | |
| I hereby bind myself and | am willing to adhere | e to the SACAA red | quirements fo | or Certificated scree | ners. |
| | 3 | | • | | |
| Signed by the applicant: | | | | | |
| oigned by the applicant. | | | | | |
| | Signature Date: | | | | |
| | | - | | | |
| NAP | | | | | |
| Witness: | | | | | |
| Signature Date: | | | | | |
| | | | | | |
| ALL APPLICATIONS SHOU | II D BE COURIERE | OR POSTED TO S | ACAA AT TH | IF DETAILS BELOW | |
| Contact person: Amanda Z | | | | | |
| • | | F mail: Tura | laA@caa.co.z | _ | |
| Telephone number: 011 54 | | | iaA@caa.co.z | <u> </u> | |
| Please submit the following | | | | | 1 |
| Certified copy of ID/ | passport | | Proof of AVSEC Training including | | |
| | | X-Ray/0 | CBT Report | | |
| 3. CV | | 4. 2 X Pas | sport size Ph | oto/ID Photo | |
| 5. Proof of On The Job | training (OJT) | 6. Proof of | 6. Proof of Doctors' Medical Fitness | | |
| 7. Certified copy of Ma | tric Certificate | 8. Proof O | f Payment | | |
| | | | | | <u> </u> |