



Name of Organisation	Name of qualification	Duration of course	Year completed

State below the industry/technical experience you have accumulated in relation to the screening areas/qualifications above. Attach a comprehensive CV with references to your application and clearly mark this "Annexure B".


Name of employer	Position held	Period	Key responsibility areas

Declaration

I	_____ ID number _____
Certify that the information given in the application for Examination is correct.	
I hereby bind myself and am willing to adhere to the SACAA requirements for Certificated screeners.	
Signed by the applicant:	
	_____
	<i>Signature</i>
	_____
	<i>Date:</i>
Witness:	
	_____
	<i>Signature</i>
	_____
	<i>Date:</i>

**ALL APPLICATIONS SHOULD BE COURIERED OR POSTED TO SACAA AT THE DETAILS BELOW.**

**Contact person:** Amanda Zamekile Twala

**Telephone number:** 011 545 1403

**E-mail:** TwalaA@caa.co.za

**Please submit the following documents with your application**

1. Certified copy of ID/passport		2. Proof of AVSEC Training including X-Ray/CBT Report	
3. CV		4. 2 X Passport size Photo/ID Photo	
5. Proof of On The Job training (OJT)		6. Proof of Doctors' Medical Fitness	
7. Certified copy of Matric Certificate		8. Proof Of Payment	