

	<b>Department:</b>	<b>AVSEC: PERSONNEL CERTIFICATION</b>		<b>Form Number:</b> CA 110-05
	<b>Telephone number:</b>	0860 267 435	<b>Email address:</b>	<b>YOUR DEPARTMENTS EMAIL NUMBER</b>
	<b>Physical address:</b>	<b>12 Byls Bridge Boulevard, Building No 2, Byls Bridge Office Park Centurion</b>		
	<b>Postal address:</b>	<b>Private Bag X73, Halfway House 1685</b>	<b>Website:</b> <a href="http://www.caa.co.za">www.caa.co.za</a>	
	<b>DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE</b>			
<b>Bank:</b> Standard Bank of SA Ltd		<b>Branch:</b> Brooklyn, Pretoria	<b>Branch Code:</b> 011245	<b>Account Number:</b> 013007971
<b>APPLICATION FOR DUPLICATE AVSEC SCREENER CERTIFICATION</b>				

<b>POPIA CONSENT AGREEMENT:</b>
In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 ("POPIA"), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject's right to privacy.
By completing this form in accordance with the Civil Aviation Act No. 13 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements .This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.
Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.
The South African Civil Aviation Authority ("SACAA") recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: <a href="https://www.caa.co.za/paia-and-privacy/">https://www.caa.co.za/paia-and-privacy/</a> ).

<b>A</b>	<b>PERSONAL DETAILS</b>		
Surname			
Full names			
ID/passport number		Nationality	
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			
<b>B</b>	<b>EMPLOYER DETAILS (If applicable)</b>		
Name of employer			
Name of Airport/Airline/Regulated Agent/ Known Consignor			
Name of employer			

<b>Address of Employer</b>		
		Postal code
<b>Contact person/reference at place of employment</b>		
<b>Phone number of contact person</b>		

<b>C</b>	<b>SCREENING AREA/S for which you are applying</b>		
<b>SCREENING AREA(s)</b>	<b>OBJECTIVES</b>		

State in the following page all the formal qualifications/certificates achieved in relation to the screening areas above. Attach certified copies of these qualifications to your application, and mark this "Annexure A".

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 a Duplicate Certification as a screener 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>

<b>All applications should be couriered or posted to SACAA at the details below.</b>	
<b>AVSEC TRAINING AND PERSONNEL CERTIFICATION</b>	
<b>Postal Address</b>	<b>Physical Address</b>
Private Bag x73	Ikhaya Lokundiza
Halfway House	Building 16, Treur Close
1685	Waterfall Park
	Bekker Street
	Midrand
Contact person: Amanda Zamekile Twala	E-mail: TwalaA@caa.co.za
Telephone number: 011 545 1403	
<b>Please submit the following documents with your application</b>	
❖ Certified copy of ID/passport	
❖ Proof of On The Job training	
❖ Proof of payment	
❖ Proof of AVSEC training	
❖ Proof of Doctors' Medical Fitness	

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