



Section/division: AVSEC: Training and Certifications
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Form Number: CA 110-01

Website: www.caa.co.za

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 Over the counter payments EFT, Internet, Wire, Electronic payments
 Fees: See CAR Part 187.00.10

AVIATION SECURITY SCREENING ORGANISATION APPLICATION

INSTRUCTIONS ON COMPLETING THE APPLICATION FORM

Notes:

- ❖ All prospective screening organisations seeking approval must complete this application form.
- ❖ All screening organisations seeking to renew their approval must complete this form
- ❖ Please submit all the relevant documentation requested
- ❖ Applications will not be accepted if they are incomplete.
- ❖ 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 Personnel Certification department.

1.	PARTICULARS REGARDING THE APPLICANT	Initial	Renewal
1.1.	Official Name of the Screening Organisation		
1.2.	Screening Approval Number (insert for renewal)		
1.3.	Total Number of staff members		
1.4.	Total Number of full time staff who are Practitioners/Instructors		
1.5.	Name of contact person		
1.6.	Full business / residential address		
1.7.	Postal address		
			Postal code
1.8.	Telephone number		
1.9.	Fax Number:		
1.10.	Cellular phone number		
1.11.	E-mail address		
2.	LEGAL STATUS OF THE ORGANISATION		
2.1.	Please indicate what type of legal entity your organisation is:(e.g. close corporation, private company)		
2.2.	Company registration number		
2.3.	SARS Income Tax Number		
2.4.	VAT Number		

2.5.	Skills Development Number			
3.	INDICATE THE AREA OF SCREENING/LEVELS			
4.	FULL PARTICULARS IN RESPECT OF THE INDIVIDUAL/ EACH RESPONSIBLE DIRECTOR/ SHAREHOLDER/ PARTNER/ MEMBER/ OFFICE BEARER:			
	NAME	POSITION	IDENTITY NUMBER	NATIONALITY
				COUNTRY OF PERMANENT RESIDENCE
5.	The applicant/holder declares hereby that the particulars provided in this application are true in every respect			
	SIGNATURE OF APPLICANT or AUTHORISED REPRESENTATIVE	NAME IN BLOCK LETTERS	DATE	