

Department: **Dangerous Goods**

Telephone number: 0860 267 435

Physical address: **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**Postal address: **Private Bag X73, Halfway House 1685**

Form Number: CA 92-38

Website: [www.caa.co.za](http://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**

## APPLICATION FOR ACCREDITATION AS DANGEROUS GOODS (COURIER/CONSOLIDATOR/FREIGHT FORWARDER/GROUND HANDLER/PACKER/SHIPPER/TESTING FACILITY)

<b>A.</b>	<b>Mark the appropriate block:</b>		
1.	Application for dangerous goods approval		
2.	Application for approval of additional facility to handle dangerous goods		
3.	Application for renewal of dangerous goods approval		
4.	Amendment to dangerous goods approval		
<b>B.</b>	<b>Notes:</b>		
1.	<i>An application for dangerous goods approval, or an amendment thereof, must comply with the provisions of CAR 92.</i>		
2.	<i>An application for the renewal of dangerous goods approval/s must comply with the provisions of CAR 92.</i>		
3.	<i>Section 1 of this form must be completed in all cases.</i>		
4.	<i>Other sections must be completed if applicable to the specific application.</i>		
5.	<i>The original application must be submitted to the Director of Civil Aviation</i>		
6.	<i>Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.</i>		
	<i>Please delete items, of not applicable</i>		
<b>1.</b>	<b>PARTICULARS REGARDING THE APPLICANT</b>		
1.1	Full name:		
1.2	Trade name:		
1.3	Full Business / Residential Address:		
1.4	Postal address:		
		Postal code	
1.5	Telephone number:		
1.6	Fax Number:		
1.7	Cellular phone number		
1.8	E-mail address		
1.9	Legal status of applicant / holder (individual/close corporation/company/ trust/other - specify):		
1.10	Registration number in the case of a close corporation / company/ trust:		
1.11	Full particulars in respect of the individual/ each responsible director/ shareholder/ partner/ member:		

	NAME	POSITION	IDENTITY NUMBER	NATIONALITY	COUNTRY OF PERMANENT RESIDENCE

**2. PARTICULARS REGARDING THE TYPE OF ORGANISATION**

**2.1 Mark the appropriate type/s of organisation:**

2.1.1	Courier
2.1.2	Consolidator
2.1.3	Freight Forwarder
2.1.4	Ground Handler
2.1.5	Packer
2.1.6	Shipper
2.1.7	Testing Facility
2.2	Current SACAA Approvals (If not applicable state NA)

Regulated Agent      Yes [ ] RA No. \_\_\_\_\_ No [ ]      NA [ ]

Known Consignor      Yes [ ] KC No. \_\_\_\_\_ No [ ]      NA [ ]

Other Approvals      Yes [ ] List all \_\_\_\_\_ No [ ]      NA [ ]

**2.3 Radioactive Material Handling (If applicable list type of radioactive otherwise state not applicable)**

The applicant/holder declares hereby that the particulars provided in this application are true in every respect

<b>SIGNATURE OF APPLICANT /AUTHORISED REPRESENTATIVE</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>