SOUTH AFRICAN

	Section/division: Telephone number:	Testing Standards, Av 011-545-1000		ndards For Number: 011-54	m Number: CA 101-03.4 5-1459		
CIVIL AVIATION	Physical address:	Ikhaya Lokundiza, 16 Treu	Ir Close, Waterfall Park,	Bekker Street, Mic	drand, Gauteng		
AUTHORITY	Postal address:	Private Bag X73, Halfway	House 1685		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				unt Number: 013007971			
COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)							
Service/transaction	Ove	er the counter payments	I	EFT, Internet, Wire	e, Electronic payments		
Notification of differences training							
NOTIFICATION OF RPAS DIFFERENCES OR FAMILIARISATION TRAINING							
DETAILS OF P	LOT						
• • • •							

Surname and Initials			Licence number			
Telephone number			Cell phone num	ber		
SIGNATURE OF PI	LOT	NAME IN BLOC	K LETTERS		DATE	
				-		

TRAINING DETAILS											
Place						Date of training completion					
Name of RTO (only for differences training)						RTO number					
Differences training			Familiarisation training			Flight time		FSTD time			
Trained as	Pilot			Restrictions	Observer		S	Second Pilot		Other	
Trained as	Pilot Instructo	or		(If any)							

AIRCRAFT DETAILS									
Designator		Regis	stration		MCM	Kg			
	Aeroplane	Mult	i-rotor	Helicopter	Other				
RPAS Category									
List of Systems									
Differences (If applicable)									
DETAILS OF RPAS FLIGHT INSTRUCTOR									
Surname and Initials	Licence number								
I confirm that the differences or familiarisation training was conducted in compliance with the SACATS and									
that the pilot is competent to safely fly the aircraft stipulated above.									
SIGNATURE OF INSTRUCTOR NAME IN BLOCK LETTERS DATE									
DETAILS OF RPAS FLIGHT INSTRUCTOR WHO CONDUCTED THE TRAINING (if applicable)									
Surname and Initials	nd Initials Licence number								
I confirm that the differences or familiarisation training was conducted in compliance with the SA-CATS									

SIGNATURE OF INSTRUCTOR	NAME IN BLOCK LETTERS	DATE