SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Aviation Personnel Standards**

Form Number: CA 101-03.2

Telephone number: **011-545-1000** *Email* **rpasinbox@caa.co.za**
Physical address: **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**
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**
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 187.00.23			

APPLICATION FOR ISSUE OF REMOTE PILOT LICENCE AEROPLANE / HELICOPTER / MULTI ROTOR

Notes:
1. See the relevant checklist on the SACAA (www.caa.co.za) for the applicable requirements for each licence or rating.
2. This form may be used to apply simultaneously for more than one licence or rating.
3. Insert a check mark (√) in the applicable box(es)*.
4. This form must be submitted within 30 days of the completion of the skills test or required training, as applicable.

DETAILS OF APPLICANT

Surname		First names					
License number (if applicable)		Date of birth		Age			
ID/Passport number		Permanent resident in SA*		**Yes**		**No**	
Training organization name		Training organization number					

QUALIFICATIONS

Tick the appropriate boxes below

PPL (A)	**CPL (A)**	**ATPL (A)**	**PPL (H)**	**CPL (H)**	**PPL (H)**
Restricted Radio Licence		**Medical Class**		**English language proficiency level**	

POPULATION GROUP* (for statistical purposes only)					**GENDER***	
African	White	Coloured	Asian	Other	Male	Female

Nationality					
Residential address					
		Province		Postal code	
Postal address (if different)					
		Province		Postal code	
Telephone number		Cellular phone number			
Fax number		E-mail			

√ **Application for category sort**			√ **Ratings ***	
Remote Pilot License (A)			VLOS	
Remote Pilot License (H)			BVLOS	
Remote Pilot License (MR)			EVLOS	
SIGNATURE OF APPLICANT		**NAME IN BLOCK LETTERS**	**DATE**	