



Section/division:
Telephone number:
Physical address:
Postal address:

Unmanned Aircraft Systems

011-545-1000

e-mail:

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Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Form Number: CA 101-06.3

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
RMT LA			
APPLICATION FOR ISSUE; RENEWAL OR AMENDMENT OF A REMOTELY PILOTED AIRCRAFT SYSTEMS MAINTENANCE TECHNICIAN			

<input type="checkbox"/>	APPLICATION FOR THE ISSUE OF A RMT
<input type="checkbox"/>	APPLICATION FOR THE RENEWAL OF A RMT
<input type="checkbox"/>	APPLICATION FOR THE AMENDMENT OF A RMT

NOTE:

- All documents should be certified.
- No documents will be processed if not fully completed.

EMPLOYMENT CAPACITY (Please mark the appropriate block)

<input type="checkbox"/>	MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AVIATION TECHNICIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AME	<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (specify)													
<input type="checkbox"/>	AME LICENCE NUMBER (if applicable)				<input type="checkbox"/>	AMO LICENCE NUMBER (if applicable)				<input type="checkbox"/>				

PART 1 (must be completed by all applicants in block letters)

Surname																
Full names																
ID/passport number								Nationality								
Date of birth																
Population Group* (for statistical purposes only)									Gender*							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
African										White		Coloured	Asian		Other	
Male										Female						
Postal address																
										Postal code						
Residential address																
										Postal code						
Telephone number								Fax number								
Cell phone number																
E-mail																
Name of present Employer																
Address of present Employer																
Telephone number								Fax number								
E-mail																

PART II (must be completed for issue of RMT LA)

I wish to be considered for the following additions to my authorization:

Manufacturer	Model / Type

PART III THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

ISSUE REQUIREMENTS: PART 101.06.3

1.	Application form CA 101-06.3 must be completed and signed by the applicant. The Accountable Manager or Quality Representative which is approved in the Operations Manual as stipulated in Part 101 must also sign the form.
2.	The AM or QAM designated stamp will appear on the application form next to his/her signature. The AM or QAM's name must be printed in block letters.
3.	Certified copies of the correct completed logbook (Hrs. days or weeks as per AIC 65.5 and on CAA Website) (logbook to be completed on a Monthly bases) from the last page previously submitted to the CAA. A bland statement X or \checkmark experience is not acceptable.
4.	Work done must be signed out by the supervising inspector in the appropriate column (use designated stamp as proof) and the AM/QAM must sign next to the summary certifying all information on that specific page is true and correct (use designated stamp as proof). Summary should be written in logbook on a separate page or end of page.
5.	2 x Color ID photos.
6.	Certified true copy of ID or Passport.
7.	Proof of age – no less than 18 years.
8.	Be a South African citizen or in possession of a valid permanent residence permit or valid temporary work permit with a letter of employment.
9.	Current operations manual list of Management Personnel that show evidence of current Quality person and Accountable Manager.
10.	ROC Operational Specifications certificate to confirm that they are rated on this rating that the RMT is requested to add onto his license.
11.	Certified true copy of the approved course certificate applicable to the rating sought.
12.	Prescribed fee as per Part 187

PART IV (to be completed by all applicants)

I hereby declare that the particulars given by me are to the best of my knowledge are true and correct in every respect.

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF ROC ACCOUNTABLE MANAGER or QUALITY ASSURANCE MANAGER	NAME IN BLOCK LETTERS	DATE
ROC STAMP		