



Section/division: **FLIGHT OPERATIONS**
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Form Number: CA 121-36
 Fax Number: **011 5451013**
 Website: www.caa.co.za

APPLICATION FOR COMPANY CHECK PILOT APPROVAL

1. PARTICULARS REGARDING THE APPLICANT/HOLDER				
1.1.	Full name of organization			
1.2.	Trade name, if applicable			
1.3.	Air Service License Number			
1.4.	Base of Operation address	1.5.	Postal address	
	Postal code		Postal code	
1.6.	Cellular phone number	1.7.	Fax number	
1.8.	Telephone number	1.9.	E-mail address	
2. PARTICULARS REGARDING THE COMPANY CHECK PILOT				
2.1.	Surname	2.2.	Initials	
2.3.	License Number	2.4.	Cell phone number	
2.5.	Email address			
2.6.	Postal Address			
			Postal code	
<i>Supporting documentation to accompany the application in accordance with the qualification requirements.</i>				
3. QUALIFICATIONS				
DOCUMENT		N/A	YES	NO
3.1.	Valid license			
3.2.	Valid Instrument Rating (if applicable)			
3.3.	Valid medical certificate			
3.4.	Type Rating			
3.5.	Currently qualified for line flying on the type of aeroplane			
3.6.	Adequately demonstrated competency during the completion of SA-CATS 121.03.3 6			
3.7.	Be qualified to perform PF and PNF duties while occupying either flight crew member seat			
3.8.	Know the content of the AFM, SOPs or AOM, if applicable, special equipment manuals, as appropriate, operator's operations and training manuals as applicable to the aeroplane type			
3.9.	Practical and theoretical knowledge of the administrative procedures with respect to the established trainee progress forms			
3.10.	Practical and theoretical knowledge of the system of record keeping approved to be used in conjunction with the training programme			
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3.11.	Certified in his or her training file as authorised by the operator to conduct line checks as specified in such certification			
DECLARATION:				
<i>I, the undersigned</i>				<i>hereby declare that</i>
<i>the above employee is qualified in the above and to the best of my knowledge, the particulars contained in this application are accurate in every respect.</i>				
SIGNATURE OF COMPANY CHECK PILOT		NAME IN BLOCKLETTERS		DATE
SIGNATURE OF COMPANY REPRESENTATIVE		NAME IN BLOCKLETTERS		DATE
CAPACITY OF SIGNATORY				

SACAA OFFICE

ACCEPTED		NOT ACCEPTED	
SIGNATURE OF FLIGHT OPERATIONS INSPECTOR	NAME IN BLOCKLETTERS		DATE

APPROVED		NOT APPROVED	
SIGNATURE OF SACAA FOD MANAGER	NAME IN BLOCKLETTERS		DATE