

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

**FLIGHT OPERATIONS** 

011-545-1000 Fax Number: Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Form Number: CA 135-15

011 5451013

Website: www.caa.co.za

## APPLICATION FOR PILOT CHECKING PERSONNEL APPROVAL

1.	PARTICULARS I	REGAR	DING	THE APPLIC	CANT/	HOLDER			
1.1.	Full name of organiza	tion							
1.2.	Trade name, if applica	able							
1.3.	Air Service License N	umber							
1.4.	Base of Operation ad	dress	· I		1.5.	Postal addr	ess		
		Postal	code					Postal code	
1.6.	Cellular phone number				1.7.	Fax numbe	r		
1.8.	Telephone number				1.9.	E-mail addr	ress		
2.	PARTICULARS	REGAR	DING 1	THE PILOT	CHEC	KING PERSO	ONNEL		
2.1.	Surname				2.2.	Initials			
2.3.	License Number				2.4.	Cell phone	number		
2.5.	Email address								
2.6.	Postal Address								
							Po	stal code	
S	upporting documentation	to accoi	mpany	the applicati	ion in a	accordance v	vith the qua	lification requi	rements.
3.	QUALIFIC	ATIONS	S						
		DO	CUMEN	NT			N/	A YES	NO
	Valid license								_
3.1.	For aeroplanes with an MCM of greater than 5 700kg, a valid ATPL								
	For aeroplanes with an N	ИСМ eq	ual to	or less than t	5 700k	g, a valid CP	'L		
3.2.	Instructors rating (Grade								
3.3.	Valid Instrument Rating	(if applic	able)						
3.4.	Valid medical certificate								
3.5.	Type Rating								
	e been monitored in the property is being sought –	receding	12 m	onths conduc	cting a	PPC, in the	same aerop	olane type for t	which the
3.6.	for DFEs, by a SACAA ir for flight instructors, by	-	or and	other DFE ap	prove	d by the Dire	ector		
3.7.	have completed the ope		trainin	g programm	e and	be qualified	as a		
3.8.	line captain  Be qualified to perform F  crew member seat	PF and F	PNF du	ties while oc	cupyir	ng either fligh	t		
3.9.	Be qualified for line flyir	ng on th	e type	of aeroplan	e				
3.10.						e, special			
	35-15	· · · · ·		06 Febru		•	1	J	Page 1 of 2

	equipment manual manuals as applica		riate, operator's oper eroplane type	ations and training				
3.11.	Practical and theor	retical knowle	edge of the administra	vith				
	respect to the esta		ee progress forms edge of the system of	record keeping				
3.12.	approved to be use	ed in conjunc	tion with the training	programme				
			wledge of the foreign					
	s involving an initial rating or turbine ra		alidation of an instrun	nent rating or an in	itial issue	of a multi-er	ngine piston	
	DFE authority issu		ector					
	•							
4.	Operations Manua	l amendmen	listing the proposed	candidate(s)				
	DECLARATION:				•		•	
I, the	undersigned					hereby dec	lare that	
	bove employee is c		e above and to the be pect.	est of my knowledg	ge, the pa	rticulars cont	tained in this	
	SIGNATURE	)F	NAME	: IN				
	COMPANY CHECK	-	BLOCKLE		DATE			
		<b></b>	NA 845	- 15.1				
SIGNATURE OF COMPANY REPTRESENTATIVE			NAME BLOCKLE	DATE				
C	APACITY OF SIGN	NATORY						
SAC	AA OFFICE			NOT A	CCEDIE			
	ACCEPTED	, 		NOTA	CCEPTE	ע		
	CIONATURE OF	LIQUE	NABAT	- INI		DATE		
SIGNATURE OF FLIGHT OPERATIONS INSPECTOR			NAME BLOCKLE	DATE				
	APPROVED	)		NOT A	PPROVE	D		
							1	
	SIGNATURE (	~ -	NAME BLOCKLE	DATE				
	SACAA FUD IVIAN	IAUEK	BLUCKLE	LIIENS				

<b>CA 135-15</b>
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