



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

Personnel Licensing, Aviation Safety Operations
011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Fax Number:

Form Number: CA 101-23
011-545-1456

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
Appointment as DE			

APPLICATION FOR APPOINTMENT AS A DESIGNATED RPAS EXAMINER (DRE)

DESIRED DESIGNATION (Please indicate the designation(s) sought by ticking the applicable box(es))		
Aeroplane	Multirotor	Helicopter

DETAILS OF APPLICANT			
Surname			
First names			
Postal Address			Postal code
Cellular phone number		Date of birth	
Work phone number		Nationality	
Home phone number		ID / Passport number	
Fax number		Licence number	
Email address			

In which province/city do you intend to exercise the DRE privileges?			
Have you previously been denied DRE Status?	YES		NO
If YES, please state the reason for denial:			

DOCUMENTATION TO BE ATTACHED			
Curriculum Vitae with detailed flying history		Letter of recommendation from mentor DRE	
Copy of identity document or passport		Letter of motivation from the operator (if applicable)	

DETAILS OF OPERATOR (if applicable)			
Name of operator			
Physical address			Postal code
Aircraft type(s) on which tests will be conducted			

DRE	
	Hours
Total in Multi-Rotor	
Total in Airplane	
Total in Helicopter	
Night flying	
Total B-VLOS	
Total flight Instruction	

DECLARATION BY APPLICANT		
<p>I, the undersigned, hereby certify that :-</p> <ol style="list-style-type: none"> 1. I am aware that designation is at the sole discretion of the Director of Civil Aviation, is a privilege and not a right, and may be withdrawn at any stage; 2. I am aware that I will be subjected to annual oversight by the CAA Testing Standards Division for the purpose of maintenance of standards and re-designation; 3. I am familiar with the contents of Part 185 (Offences); and 4. I am aware that honesty and integrity are essential prerequisites for designation and the maintenance thereof. <p>CODE OF CONDUCT</p> <p>I commit myself :-</p> <ol style="list-style-type: none"> 1. To uphold and maintain the CAA Skills Test Standards as published in the SA-CATS 101; 2. To act professionally, with integrity and with honesty; 3. To comply with all Regulations; and 4. To be unbiased and fair in my assessment. 		
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

FOR OFFICIAL USE ONLY			
REMARKS BY PEL TESTING STANDARDS OFFICER			
RECOMMENDED		NOT RECOMMENDED	

DESIGNATION		
Aeroplane	Helicopter	Multi-Rotor

PERIOD OF VALIDITY									to								
	d	d	m	m	y	y	y	y		d	d	m	m	y	y	y	y

PRIVILEGES / RESTRICTIONS		
SIGNATURE OF TESTING STANDARDS OFFICER	NAME IN BLOCK LETTERS	DATE