



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

FLIGHT OPERATIONS  
011-545-1000

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng  
Private Bag X73, Halfway House 1685

Fax Number:

011 5451013

Form Number: CA 121-35

Website: [www.caa.co.za](http://www.caa.co.za)

## APPLICATION FOR COMPANY CHECK CABIN CREW MEMBER APPROVAL

1. PARTICULARS REGARDING THE APPLICANT/HOLDER				
1.1.	Full name of organization			
1.2.	Trade name, if applicable			
1.3.	CAR Part Number			
1.4.	Air Service Licence Number			
1.5.	Full business/residential address	1.6.	Postal address	
			Postal code	
1.7.	Cellular phone number	1.8.	Fax number	
1.9.	Telephone number	1.10.	E-mail address	
2. PARTICULARS REGARDING THE COMPANY CHECK CABIN CREW MEMBER				
2.1.	Surname	2.2.	Initials	
2.3.	Licence Number	2.4.	Cell phone number	
2.5.	Email address			
2.6.	Postal Address			
			Postal code	
3. QUALIFICATIONS				
DOCUMENTS TO BE SUBMITTED		N/A	YES	NO
3.1.	Copy of valid cabin crew member licence issued in terms of Part 64 and a current Class IV medical certificate;			
3.2.	Copy of certificate of a recognised train the trainer course;			
3.3.	Copy of a certificate of a recognised assessor course;			
3.4.	Evidence of minimum of 2 years and at least 1 000 flying hours experience as an active cabin crew member;			
3.5.	Evidence of currency on the aeroplane type.			
3.6.	Cabin Crew Manual or Operations Manual Part 4 Amendment listing the proposed Candidate/s.			
<b>DECLARATION:</b>				
I, the undersigned				hereby declare that
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.				

<b>SIGNATURE OF PROPOSED COMPANY CHECK CABIN CREW MEMBER</b>	<b>NAME IN BLOCKLETTERS</b>	<b>DATE</b>
<b>SIGNATURE OF COMPANY REPRESENTATIVE</b>	<b>NAME IN BLOCKLETTERS</b>	<b>DATE</b>
<b>CAPACITY OF SIGNATORY</b>		

<b>SACAA OFFICE</b>			
<b>ACCEPTED</b>		<b>NOT ACCEPTED</b>	
<b>SIGNATURE OF CABIN SAFETY INSPECTOR</b>	<b>NAME IN BLOCKLETTERS</b>	<b>DATE</b>	
<b>APPROVED</b>		<b>NOT APPROVED</b>	
<b>SIGNATURE OF SACAA FOD MANAGER</b>	<b>NAME IN BLOCKLETTERS</b>	<b>DATE</b>	