Department:	**Personnel Licensing: Examinations**	Form Number: CA 61-184	
Telephone number:	0860 267 435	*Email address:*	**exams@caa.co.za**
Physical address	**Ikhaya Lokundiza Bylsbridge Blvd, Bylsbridge Office Park, Olievenhoutbosch road, Doringkloof, Centurion**		
Postal address:	**Private Bag X73, Halfway House 1685**	*Website:* **www.caa.co.za**	

PROOF OF THEORETICAL KNOWLEDGE INSTRUCTION

POPIA CONSENT AGREEMENT:

In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 ("POPIA"), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject's right to privacy.

By completing this form in accordance with the Civil Aviation Act No. 13 of 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements .This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.
Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.

The South African Civil Aviation Authority ("SACAA") recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: https://www.caa.co.za/paia-and-privacy/).

Details of Candidate			
Surname		First Name	
Licence Number		Phone Number	

Details of ATO						
ATO Name						
ATO Number	**SACAA**	**1**				**ATO**

(Please tick the appropriate box/es)

Subject/s in which theoretical knowledge has been received	PPL (A)	PPL (H)	CPL (A)	CPL (H)	ATPL (A)	ATPL (H)	SPLIC (ATPL) (A)	SPLIC (ATPL) (H)	Radio Telephony
Aircraft Technical and General									
Flight Planning and Performance									
General Navigation (**PPL-CPL level)**									
General Navigation **(ATPL level)**									
Human Performance and Limitations									
Meteorology									
Principles of Flight									
Instruments and Electronics									
Air Law									

General Radio									
Restricted Radio									

Ratings	Aeroplane(A)	Helicopter(H)
Night Rating		
Instrument Rating (IROP)		
Instructor Rating		
Applied Meteorology and Navigation		
Principles of Flight and Legislation		
Turbine Instructor Rating		

Details of Instructor (Person who conducted the training)			
Surname		First Name	
Licence Number (if applicable)		Phone Number	
SIGNATURE OF INSTRUCTOR	**NAME IN BLOCK LETTERS**	**DATE**	

Details of CFI/CGI OR DESIGNEE			
Surname		First Name	
Licence Number		Phone Number	
SIGNATURE OF CFI/CGI OR DESIGNEE	**NAME IN BLOCK LETTERS**	**DATE**	

Please insert ATO Stamp