



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

Personnel Licensing
0860 267 435 Fax Number: 011-545-1459
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685 Website: www.caa.co.za

Form Number: CA 61-01.10
Email: exams@caa.co.za
Email: ClientCare@caa.co.za

TRANSFER OF PARTICIPANT TO ANOTHER TEST CENTRE

Details of Applicant

| | | | |
|------------------|--|-------------------|--|
| Surname | | First names | |
| Licence Number | | Email | |
| Telephone number | | Cell phone number | |

Details of the test centres

| | | | |
|-----------------------------|--|--------------------------|--|
| Name of present test centre | | CAA accreditation number | |
| Name of test centre manager | | Phone number | |

Name of new test centre

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|------------------------------|--|
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| Reason/s for transfer | |
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| | | |
| SIGNATURE OF PRESENT TEST CENTRE MANAGER | NAME IN BLOCK LETTERS | DATE |

| | | |
|---------------------------------|------------------------------|-------------|
| | | |
| SIGNATURE OF PARTICIPANT | NAME IN BLOCK LETTERS | DATE |