



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

Personnel Licensing

0860 267 435

E-mail

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Form Number: CA 60-03

PEL.FSTD@caa.co.za

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

Fees: See CAR

Part 187

APPLICATION FOR FSTD USER CERTIFICATE (THIRD PARTY ATO / AOC USERS)

Please mark the applicable block:

APPLICATION FOR THE ISSUE OF AN FSTD USER CERTIFICATE

APPLICATION FOR THE AMENDMENT OF AN FSTD USER CERTIFICATE

APPLICATION FOR THE RENEWAL OF AN FSTD USER CERTIFICATE

NOTES:

- All sections of this form must be completed in all cases.
- No applications shall be processed if not submitted with all the required documents as per section 3 of this application form.
- SACAA Designated Flight Examiners (DFE's) do not require a user certificate for testing purposes.
- Fill in one CA60-03 application form per FSTD Serial Nr, regardless of how many registrations are included.
- Make one payment per CA60-03 application form, regardless of how many registrations are included (SACAR187.01.9A).

1. PARTICULARS REGARDING THE FSTD OPERATOR (ATO NAME ON FSTD CERTIFICATE)

Full name			
Trade name			
ATO number		Expiry date	
SACAA FSTD Details	Serial number		
FSTD Registration number/s			
Full business / residential address		Postal address	
	Code		Postal code
Telephone number		Fax number	
Cellphone number		E-mail address	

2. PARTICULARS REGARDING THE PROPOSED FSTD USER (THIRD PARTY USER – ATO / AOC)

Full name			
Trade name			
ATO / AOC number		Expiry date	
Full business / residential address		Postal address	
	Code		
Telephone number		Fax number	
Cellphone number		E-mail address	

The applicants hereby declare that:

- copies of all relevant material will be made available to any South African Civil Aviation Authority inspector / auditor on request.

➤ the User acknowledges and agrees to their requirement to retain a copy of the User's documents used during training on the FSTD (QRH, POH, AFM, Checklist etc) on site at the Operator for the duration of the FSTD User Certificate validity.

SIGNATURE OF FSTD OPERATOR	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF PROPOSED USER	NAME IN BLOCK LETTERS	DATE

3. APPLICATION FOR ISSUE OF A FSTD USER CERTIFICATE (THIRD PARTY USER – ATO / AOC)

Attached to this application (mark with a tick)	YES	NO
a. Proof of payment		
b. Copies of simulator certificates		
c. Copies of the User organisation's operations specification		
d. Copy of Related Approved Training program as included in User's TPM / OPERATIONS MANUAL		
e. Instructor IOS competency certificates for User's personnel		
f. Lease agreement		
g. Evidence of each manual listed in (h.) below (Approval pages, Index pages, Signature pages or as applicable for the manual/ document)		
Supporting Documents located on site at FSTD (mark with a tick)		
h. Copies of the User organisation's manuals (QRH, POH, AFM, Checklist etc)		
i. Instructor IOS competency certificates for User's personnel		

PLEASE NOTE: failure to attach any of the documents required will automatically result in the application being rejected ("not recommended").

FOR OFFICE USE ONLY

A. RECOMMENDATION BY FSTD INSPECTOR

User Certificate is	RECOMMENDED		NOT RECOMMENDED	
Conditions				

SIGNATURE OF PEL INSPECTOR	NAME IN BLOCK LETTERS	DATE

B. DECISION BY MANAGER: TRAINING

User Certificate is hereby	APPROVED		NOT APPROVED	
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COMMENTS / RESTRICTIONS

SIGNATURE OF MANAGER: TRAINING	NAME IN BLOCK LETTERS	DATE

