	Department:	**Personnel Licensing, Safety Standards and Assurance**	Form Number: CA 66-05
	Telephone number:	0860 267 435	*Email address:* **clientcare@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**

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE			
Bank: **Standard Bank of SA Ltd**	*Branch:* **Brooklyn, Pretoria**	*Branch Code:* **011245**	*Account Number:* **013007971**

APPLICATION FOR RE-DESIGNATION AS DESIGNATED EXAMINER – AME

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 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 Applicant			
Surname		Initials	
Licence Number		ID number	
Cell phone number		Email address	
AMEL NUMBER		EDE NUMBER	

Designation applied for					
DE (Mechanic)		DE (Electrical)		DE (Instruments)	
DE (Radio/Radar)		DE (COMP)		DE (STRUCT)	
OTHER					

Aviation Training Organization			
Name of Organisation		**ATO Number**	
Instructor	Mark the appropriate type with X	Comments	
Aircraft Mechanic			
Aircraft Electrical			
Aircraft Instrumentation			
Radiotrician			
Other			

Documentation to be attached			
1.Copy of licence or file copy		5.Signed code of conduct	
2.Copy of EDE certificate or EDE Endorsement		6.Proof of attendance (webinar, Workshop or Conference)	
3.Copy of identity document or passport		7.Proof of payment (as per Part 187)	
4.Copy of the oversight report		8.Proof of skill test report signed (only one report)	

Notes:
(a) Tick the boxes or insert **"N/A"** if not applicable.
(b) The application may only be submitted once all requirements for the designation are complied with.
(c) The application form, together with documents 1 to 10 must be submitted electronically to ame-atsapplications@caa.co.za as one email in PDF format with a minimum resolution of 300 dpi.
(d) The email subject must include surname, initial and licence number

I hereby confirm that this application does not contain false or misleading information.		
SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**

I hereby confirm that this application is checked and meets all the requirement.		
SIGNATURE OF PEL INSPECTOR	**NAME IN BLOCK LETTERS**	**DATE**