	Department:	**Personnel Licensing, Safety Standards and Assurance**	Form Number: CA 71-03.2
	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 ISSUE OF REMOTE PILOT CERTIFICATE AEROPLANE / HELICOPTER / MULTI ROTOR

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 authorized 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 afore-mentioned obligations.

The South African Civil Aviation Authority ("SACAA") recognizes 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/).

Notes:

1. See the relevant checklist on the SACAA (www.caa.co.za) for the applicable requirements for each Licence or rating.
2. This form may be used to apply simultaneously for more than one Licence or rating.
3. Insert a check mark (√) in the applicable box(es)*.
4. This form must be submitted within 30 days of the completion of the skills test or required training, as applicable.

DETAILS OF APPLICANT

Surname		First names					
License number (if applicable)		Date of birth		Age			
ID/Passport number		Permanent resident in SA*		**Y**		**N**	
Training organization name		Training organization number					

QUALIFICATIONS

Tick the appropriate boxes below

PPL (A)	CPL (A)	ATPL (A)	PPL (H)	CPL (H)	PPL (H)
Restricted Radio Licence		**Medical Class**		**English language proficiency level**	

POPULATION GROUP* (for statistical purposes only)					**GENDER***	
African	White	Colored	Asian	Other	Male	Female

Nationality					
Residential address					
		Province		Postal code	
Postal address (if different)					
		Province		Postal code	

Telephone number		Cellular phone number	
Fax number		E-mail	

√ **Application for category sort**			√ **Ratings ***	
Remote Pilot License (A)			VLOS	
Remote Pilot License (H)			BVLOS	
Remote Pilot License (MR)			EVLOS	
			INSTRUCTORS RATING	
SIGNATURE OF APPLICANT		**NAME IN BLOCK LETTERS**	**DATE**	