



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

## Personnel Licensing, Safety Standards and Assurance

0860 267 435

Fax Number

Form Number: CA 101-06.3

011-545-1520

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

Private Bag X73, Halfway House 1685

Website: [www.caa.co.za](http://www.caa.co.za)

<b>DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE</b>		
Bank: Standard Bank of SA Ltd	Branch: Brooklyn, Pretoria	Branch Code: 011245
		Account Number: 013007971
<b>COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)</b>		
Service/transaction	Over the counter payments	EFT, Internet, Wire, Electronic payments
RMT LA		
<b>APPLICATION FOR ISSUE; RENEWAL OR AMENDMENT OF A REMOTELY PILOTED AIRCRAFT SYSTEMS MAINTENANCE TECHNICIAN</b>		

<input type="checkbox"/>	APPLICATION FOR THE <b>ISSUE</b> OF A RMT		
<input type="checkbox"/>	APPLICATION FOR THE <b>RENEWAL</b> OF A RMT		
<input type="checkbox"/>	APPLICATION FOR THE <b>AMENDMENT</b> OF A RMT		
<b>NOTE:</b>			
1. All documents should be certified.			
2. No documents will be processed if not fully completed.			
<b>EMPLOYMENT CAPACITY</b> (Please mark the appropriate block)			
<b>MANAGEMENT</b>	<b>INSPECTOR</b>	<b>AVIATION TECHNICIAN</b>	<b>AME</b>
<b>OTHER</b> (specify)			
<b>AME LICENCE NUMBER</b> (if applicable)		<b>AMO LICENCE NUMBER</b> (if applicable)	
<b>PART 1</b> (must be completed by all applicants in block letters)			
Surname			
Full names			
ID/passport number		Nationality	
Date of birth			
<b>Population Group*</b> (for statistical purposes only)			<b>Gender*</b>
African	White	Coloured	Asian
			Other
		Male	Female
Postal address			Postal code
Residential address			Postal code
Telephone number		Fax number	
Cell phone number		Province	
E-mail			
Name of present Employer			
Address of present Employer			
Telephone number		Fax number	
E-mail			
<b>PART II</b> (must be completed for issue of RMT LA)			
<b>I wish to be considered for the following additions to my authorization:</b>			
<b>Manufacturer</b>	<b>Model / Type</b>		
	Aeroplane		
	Multirotor		
	Helicopter		

PART III		THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION
<b>ISSUE REQUIREMENTS: PART 101.06.3</b>		
1.	Application form CA 101-06.3 must be completed and signed by the applicant. The Accountable Manager or Quality Representative which is approved in the Operations Manual as stipulated in Part 101 must also sign the form.	
2.	The AM or QAM designated stamp will appear on the application form next to his/her signature. The AM or QAM's name must be printed in block letters.	
3.	Copies of the correct completed logbook (Hrs. days or weeks as per AIC 65.5 and on CAA Website) (logbook to be completed on a Monthly bases) from the last page previously submitted to the CAA. A bland statement X or √ experience is not acceptable.	
4.	Work done must be signed out by the supervising inspector in the appropriate column (use designated stamp as proof) and the AM/QAM must sign next to the summary certifying all information on that specific page is true and correct (use designated stamp as proof). <b>Summary should be written in logbook on a separate page or end of page.</b>	
5.	2 x Color ID photos.	
6.	Copy of ID or Passport.	
7.	Proof of age – no less than 18 years.	
8.	Be a South African citizen or in possession of a valid permanent residence permit or valid temporary work permit with a letter of employment.	
9.	ROC Operational Specifications certificate to confirm that they are rated on this rating that the RMT is requested to add onto his license. If applicable	
10.	Copy of the approved course certificate applicable to the rating sought.	
11.	Prescribed fee as per Part 187	
<b>PART IV</b> (to be completed by all applicants)		
I hereby declare that the particulars given by me are to the best of my knowledge are true and correct in every respect.		
<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>