



CHECKLIST FOR VERIFICATION LETTER

Date			
Licence Number			
Name			
Please mark with the applicable symbol as indicated			
	LI01	LI02	
1. VERIFICATION REQUEST FOR A SOUTH AFRICAN LICENSE			
Email request from applicant or foreign country indicating the license number			
Proof of payment if applicable			
Consent letter if applicable			
Verify applicants' info on EMPIC:			
➤ Type of license			
➤ Medical validity			
➤ ELP validity			
➤ Radio			
➤ Validity of license			
➤ Type Ratings			
Verify with AIID for any accidents or incidents/ revocation/suspension			
Issue verification with the file copy			
2. VERIFICATION REQUEST FROM SACAA TO A FOREIGN CAA AUTHORITY			
Email requesting verification of the following information:			
➤ Type of license			
➤ Medical validity			
➤ ELP validity			
➤ Radio			
➤ Validity of license			
➤ Type Ratings			
➤ Verification for any accidents or incidents/ revocation/suspension			
NOTES			
SIGNATURE OF LICENSING OFFICER (LO1)	NAME IN BLOCK LETTERS	DATE	
SIGNATURE OF LICENSING OFFICER (LO2)	NAME IN BLOCK LETTERS	DATE	
		R	
		Receipt number	