SOUTH AFRICAN
CIVIL AVIATION AUTHORITY

Section/division: **Personnel Licensing, Safety Standards and Assurance**
Telephone number: **0860 267 435** *Fax Number:* 011-545-1459
Physical address: **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**
Postal address: **Private Bag X73, Halfway House 1685** **Website:** www.caa.co.za **Email**: ClientCare@caa.co.za

Form Number: CA 61-01.3

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***
Notification of differences training Part 62 flight instructor		

NOTIFICATION OF AIRCRAFT DIFFERENCES OR FAMILIARISATION TRAINING BY PART 62 FLIGHT INSTRUCTOR

DETAILS OF PILOT			
Surname and Initials		Licence number	
Telephone number		Cell phone number	
SIGNATURE OF PILOT	**NAME IN BLOCK LETTERS**	**DATE**	

TRAINING DETAILS					
Place				Date of training completion	
Name of ATO				ATO number	
Differences training		Familiarisation training		Flight time	
Trained as	**Pilot**				
	Pilot Instructor				

AIRCRAFT DETAILS							
CCM		LSA		TMG		TAIL WHEEL	
Aircraft model					Registration		

DETAILS OF THE PART 62 FLIGHT INSTRUCTOR			
Surname and Initials		Licence number	
I confirm that the differences or familiarisation training was conducted in compliance with the SACATS 62 and that the pilot is competent to safely fly the aircraft stipulated above.			
SIGNATURE OF INSTRUCTOR	**NAME IN BLOCK LETTERS**	**DATE**	