

Section/division: Telephone number: Personnel Licensing, Safety Standards and Assurance

Form Number: CA 61-02.1

0860 267 435

Physical address: Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng **AUTHORITY** Private Bag X73, Halfway House 1685 Postal address: Website: www.caa.co.za Email: ClientCare@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 COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip) EFT. Internet, Wire, Electronic payments Service/transaction Over the counter payments Application for a student pilot licence APPLICATION FOR STUDENT PILOT LICENCE SPL Initial Renewal **SPLIC** Initial Renewal **Details of Applicant** First names Surname Date of birth Licence number Age YES NO ID/Passport number Permanent resident in SA* Nationality Population group* (for statistics purpose) Gender* White Coloured Male African Asian Other Female Residential address Province Postal code Postal address Province Postal code Telephone number Cellular phone number Fax number Email Details of aircraft to be used and of ATO Aircraft make(s) & model(s) ATO legal entity name ATO trading as name (As applicable) SACAA ATO approval number e.g SACAA/1000/ATO NOTE! The old ATO approval number commencing with "0" is no SACAA ATO longer to be used e,g SACAA/0650/ATO ATO Certificate expiry date ATO Opspec expiry date ATO Telephone number ATO email I hereby confirm that the student applicant has demonstrated competency to operate the radio apparatus on board the aircraft for the intended solo flights. NAME OF GRADE I OR II FLIGHT INSTRUCTOR (BLOCK LETTERS) LICENCE NUMBER **SIGNATURE** DATE SIGNATURE OF STUDENT NAME IN BLOCK LETTERS DATE SIGNATURE OF GUARDIAN/ PARENT NAME IN BLOCK LETTERS DATE

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Guardian/ Parent to provide copy of his/her ID or passport.