



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

Personnel Licensing, Aviation Safety Operations
011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Form Number: CA 61-09.7
Fax Number: 011-545-1459

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**

COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)

Service/transaction
Notification of differences
or familiarization training

Over the counter payments

EFT, Internet, Wire, Electronic payments

NOTIFICATION OF AIRCRAFT DIFFERENCES OR FAMILIARISATION TRAINING

Differences training		Familiarisation training	
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Pilot		Co-pilot		Pilot instructor	
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DETAILS OF PILOT

Name and Surname		Licence number	
Cell phone number		Email address	
SIGNATURE OF PILOT	NAME IN BLOCK LETTERS	DATE	

AIRCRAFT DETAILS

ICAO or SACAA designator		Aircraft model/variant description	
Aircraft manufacturer		Aircraft registration	

TRAINING DETAILS

Date of training completion		Name of ATO		ATO number	
Aircraft registration		FSTD registration			
Duration of training	Simulator		Aircraft		
Duration of skill test	Simulator		Aircraft		

DETAILS OF GRADE III FLIGHT INSTRUCTOR WHO CONDUCTED THE TRAINING (IF APPLICABLE)

Name and Surname		Licence number	
I confirm that the differences/familiarisation training was conducted in compliance with the SACAR and Document SA-CATS 61.			
SIGNATURE OF INSTRUCTOR	NAME IN BLOCK LETTERS	DATE	

DETAILS OF GRADE II OR GRADE I FLIGHT INSTRUCTOR WHO CONDUCTED THE TRAINING AND/OR ENDORSEMENT

Name and Surname		Licence number	
I confirm that the differences/familiarisation training was conducted in compliance with the SACAR and Document SA-CATS 61, and that the pilot is competent to safely operate the aircraft specified in this form.			
SIGNATURE OF INSTRUCTOR	NAME IN BLOCK LETTERS	DATE	