SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Personnel Licensing, Aviation Safety Operations**
Telephone number: **011-545-1000** *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**

Form Number: CA 61-18.1

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***
Application for FSTD instructor authorisation		

APPLICATION FOR FSTD INSTRUCTOR AUTHORISATION

A. DETAILS OF THE APPLICANT									
Initials and Surname					Licence number				
Cell phone number					Email address				
Valid licence	Yes		No		Valid medical	Yes		No	

B. DETAILS OF ATO			
Name of ATO		ATO number	
Initials and Surname of CFI		Licence number	

C. TYPE OF TRAINING FOR WHICH THE AUTHORISATION IS SOUGHT					
Type rating	Instrument rating	Night rating	CPL	ATPL	Flight instructor rating

D. TYPE OF FSTD FOR WHICH THE AUTHORISATION IS SOUGHT							
BITD/FNPT I/II		FNPT II/MCC		FTD I/II		FFS	
Aircraft type(s) replicated in case of type rating training							

E. DOCUMENTS TO BE ATTACHED (referred to SACAR 61.18)		
1.	Proof of training completion	
2.	Theoretical knowledge examination report (if applicable)	
3.	Copy of the page(s) of the applicant's logbook reflecting the FSTD training, skills test, and endorsement	
4.	Copy of the content of the ATO's TPM which indicates the supervision processes (if applicable)	

I hereby confirm that the applicant has successfully completed the training referred to in SACAR 61.18.

SIGNATURE OF CFI	**NAME IN BLOCK LETTERS**	**DATE**

I hereby confirm that the applicant is competent to provide instruction in the FSTD for which the authorisation is sought

SIGNATURE OF THE EXAMINER	**NAME IN BLOCK LETTERS**	**DATE**

SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**