Section/division: **Personnel Licensing**
Telephone number: **011-545-1000** *Email address* **clientcare@caa.co.ca**
Physical address: **Ikhaya Lokundiza Blysbridge Blvd Bylsbridge Office Park Olievenhoutbosch Road Doringkloof Centurion**
Postal address: **Private Bag X73, Halfway House 1685** *Website:* **www.caa.co.za**

Form Number: CA 61-26.9

DFE OVERSIGHT REQUEST FORM

NOTES
1. Please fill out the form as thoroughly as you can, kindly state N/A, do not leave any section of this form incomplete
2. For Section "Present Oversight Request details" please insert TBA if any details are not yet known.

Details of DFE								
Surname					First name			
License Number					Phone number			
DFE category	DFE I (A)		DFE I (H)		Email address			
	DFE II (A)		DFE II (H)		DFE designation expiry date			
	DFE III (A)		DFE III (H)		Date of Medical Expiry			
Operator (if applicable)								
No. of test in the last 12 months	General Aviation				Scheduled		Non-Scheduled	

DFE REDESIGNATION - PREVIOUS OVERSIGHT DETAILS

Date of oversight		**Place of oversight**		**Test Category**	**A**		**H**	
Follow up oversight	Yes		No		If yes, enter date of preceding oversight			
Name of AO								
Details of test or check								
Area of Assessment	General Aviation		Scheduled		Non-Scheduled			
Type of test or check	IR		CPL		ATPL		PPC	
	FI		TYPE		CLASS			
Aircraft type					Registration			
FSTD type (if applicable)	FNPT		FTD		FFS		Registration	
Type of test	Mock				Actual			

FOR AN INITIAL OVERSIGHT

DFE Assessment course completed	N/A		Yes		No		Date	

PRESENT OVERSIGHT REQUEST DETAILS

Date 1 of oversight		**Place of oversight**	
Date 2 of oversight			
Date 3 of oversight			

Details of test or check								
Sector of test	General Aviation		Scheduled		Non-Scheduled			
Type of test or check	IR		CPL		ATPL		PPC	
	FI		TYPE		CLASS			
Aircraft type					Registration			
FSTD type (if applicable)	FNPT		FTD		FFS		Registration	
Type of test	Mock				Actual			
Assessment plan submitted	Yes/ No				Date			

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