



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

**Personnel Licensing, Safety Standards and Assurance**  
0860 267 435  
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng  
Private Bag X73, Halfway House 1685

Form Number: CA 62-01  
Fax Number: 011-545-1250  
Website: [www.caa.co.za](http://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	Over the counter payments	EFT, Internet, Wire, Electronic payments
Validation of a foreign licence	<input type="text"/>	<input type="text"/>

**APPLICATION FOR VALIDATION OF FOREIGN NATIONAL PILOT LICENCE**

**Requirements for Application:**

1. Copy of the pilot licence and rating to which the validation refers.
2. Copy of ID or Passport.
3. 1X Passport Photo in colour.
4. Summary of logbook with all types endorsed and hours flown in the last 12 months certified by the Applicant to be a true reflection of the hours flown (Min 5hrs in category LSA, CCM, WCM and 10hrs in last 12 months in case of Gyro, GYR).
5. Signed copy of skills test by A or B grade instructor.
6. Copy of exams results South African Air Law.
7. Copy of the restricted radio telephony certificate, and exam results, or certified proof that the applicant has passed a practical skill and theoretical test with an approved radio telephony examiner (RTE).
8. Copy of valid medical applicable to your category as per Part 67.
9. Proof of training/type rating in the category applying for i.e. LSA, Conventional micro light, weight shift micro light, Gyroplane, endorsed by instructor in Logbook.
10. Appropriate fees as per Part 187 & Proof of Payment.

WCM	CCM	LSA	GYRO	TMG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surname of applicant				
First names				
Passport number				
Date of birth		Age -Years		Age - Months
Licence type		Country of issue		
Licence Number		Expiry date		
Dates of Medical	From:		To:	
Gender	Male		Female	
Licence type to be validated				
Purpose of validation:	Private flying:		Part 96 Authorization or Instruction:	
If for Part 96 Authorization or Instruction purposes, number of hours flown in country of issue at the level of the licence to be validated:				hours
Types of aircraft to be flown:				
Aviation Training Organisation:				
Residential address				Province

Applicant's address in South Africa:			
	Province		Postal code
Telephone Number			
Cellular phone number			
Facsimile Number			
Email address			

<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>