



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 62-04
Fax Number: 011-545-1459

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**

APPLICATION FOR INITIAL OR REVALIDATION OF NATIONAL PILOT LICENCE

Requirements for application

(This form is only required for an initial application for the first revalidation after the initial license lapses – not for renewals)

1. Copy of learner's certificate or current foreign Licence
2. Copy of ID or passport
3. X1 Passport photo
4. Copy of complete record of flying experience and summary of logbook with all types endorsed and hours flown in the last 12 months (Min5 hrs in category LSA, CCM, WCM and 10 hours in last 122 months in case of Gyro)
5. Signed copy of skills test by Grade A or B instructor (Practical flight test all categories)
6. Copy of exam results for students (air law in the case of foreign validation)
7. Copy of Restricted Radio Telephony certificate (Proof of language proficiency and practical radio skills test for foreign validation)
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, CCM, WCM, Gyro, TMG – endorsed in the logbook)
10. Appropriate fee as per Part 187 and proof of payment

NB! All Fields are Compulsory

Initial		Revalidation			Category Conversion	
WCM	CCM	LSA	GYRO	TMG		

DETAILS OF APPLICANT									
Surname of Applicant				First Names					
Licence No.				Date of Birth				Age	
ID No.									
Nationality				Permanent Resident in SA		Yes		No	
Population group (for statistical purposes only)						Gender			
African		White		Coloured		Asian		Other	
Male		Female							
Residential address									
				Postal Code					
Postal address									
Postal address				Postal code					
Telephone number				Cell number					
Email address									

Flying Experience					
Aircraft Type	Date when last flown	Cross country flying hours		Total flying hours (including cross country and other)	
		Dual	Pilot	Dual	Pilot
Totals					
Grand Total					

NAME OF TRAINING ORGANISATION	
ATO NUMBER	
NAME OF TRAINING INSTRUCTOR	
INSTRUCTOR LICENCE NUMBER	

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE