



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 Website: www.caa.co.za

Fax Number: 011-545-1520

Email: ClientCare@caa.co.za

Form Number: CA 62-09

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

APPLICATION FOR NATIONAL TEST FLIGHT RATING

Surname of applicant			
First names			
Licence Number			
Date of Birth			
Nationality			
Residential address			Province
Postal address			Province
Telephone Number			
Cellular phone number			
Facsimile Number			
Email address			

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

CERTIFICATE OF COMPETENCY AS TEST PILOT (Regulation 62.10)

I, certify that the above-mentioned pilot has complied with the requirements as set out in TS62.10 for the issue of a National Test Pilot Rating

Name of Instructor	
License number	
Telephone number	
Email address	

SIGNATURE OF INSTRUCTOR	NAME IN BLOCK LETTERS	DATE