



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

Personnel Licensing, Safety Standards and Assurance

0860 267 435

Fax Number:

Form Number: CA 62-12

011-545-1520

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

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

COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)

Service/transaction Over the counter payments EFT, Internet, Wire, Electronic payments

Appointment as DE

APPLICATION FOR DESIGNATED EXAMINER

This application must be accompanied by:

1. Copy of the two most recent pages of the applicant's flying logbook indicating flying experience
2. Proof of holding the required valid license and rating
3. A complete summary of all flying experience and ratings
4. A letter to motivate the reasons the applicant believes he/she should be considered for designation
5. The appropriate fee as prescribed in Part 187.

INITIAL ISSUE

RENEWAL

WCM

CCM

LSA

GYRO

TMG

DETAILS OF APPLICANT

Surname of Applicant			
First names			
Residential Address			Postal code
Postal Address			Postal code
Cellular phone number	Date of birth		
Work phone number	Nationality		
Home phone number	ID / Passport number		
Fax number	Licence number		
Email address			
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS	DATE

INITIAL ISSUE

In what area and what specific area and airfield/s to perform work?			
Have you previously held DE status and are applying of a reinstatement?			
If you have previously held DE status, state the DE grade and year held			
In the case of a new application, have you previously been denied DE status?			YES
			NO

If you have previously been denied DA status, please state briefly the reason for the denial below (attach additional pages if necessary)

I have previously been denied DE status because:

PLEASE COMPLETE THE DETAIL BELOW			
Instructor Rating		Expiry date of Rating	
On what date did you receive your current rating?			
Name of Company/Operator flying for:			
Telephone number of Company/Operator flying for:			

PLEASE STAT YOUR NUMBER OF FLYING HOURS OF INSTRUCTION DURING THE PAST 12 MONTHS	
Weight-Shift Controlled Microlight Aeroplanes	
Conventional Microlight Aeroplanes	
Light Sport Aeroplanes	
Gyroplanes	

PLEASE LIST THE AIRCRAFT TYPE(S) INSTRUCTED ON DURING THE PAST 12 MONTHS					

PLEASE COMPLETE THE COLUMNS TO INDICATE YOUR LEVEL OF EXPERIENCE	
Minimum Requirement	Your Experience
Active in the field of aviation for which DE is required	
Hold a valid NPL Instructor rating Grade A in category for which DE status is sought for a minimum of 5 years, or hold a Part 61 CPL with at least an Instructor Grade II rating	
Total hours 1500, at least 500 of which shall be in the category for which designation is sought	

SHORT MOTIVATION BY NEW APPLICANTS (attach additional pages if necessary) IF YOU ARE GOING TO ACT AS A DE	

RENEWAL			
NOTE: No applications will be accepted unless fully complete. Kindly sign in all the applicable fields			
Please attach copy of pilot license details – Qualifications/Ratings			
Date of last skill test overseen		ATO number	
ATO name			
Date of last DE conference		Venue of last DE conference	
Date of last instructor conference			

<p>GENERAL Privileges and limitations</p> <p>Whenever a skills test or proficiency check involves a rating for special purposes, the examiner must be the holder of such special purpose rating.</p> <p>The Civil Aviation Authority will determine the privileges and limitations of a designated examiner dependent upon the applicant's qualifications, recent and total flight experience and will be indicated on the certificate issued.</p>

DECLARATION BY APPLICANT		
<p>I, the undersigned, hereby certify that :-</p> <ol style="list-style-type: none"> I am aware that I will be designated at the sole discretion of the Director of Civil Aviation; I am aware that I will be subjected to annual oversight by the CAA Testing Standards Division for the purpose of maintenance of standards and re-designation; All applicable fields of this document have been correctly completed in full; and I have read and I understand the contents of this application. 		
CODE OF CONDUCT		
I commit myself :-		
<ol style="list-style-type: none"> To uphold and maintain the CAA Skills Test Standards as published in the SA-CATS 61; To act professionally, with integrity and with honesty; To comply with all Regulations; To assess the situation accurately; To be unbiased and fair in my assessment. 		
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

FOR OFFICIAL USE ONLY			
REMARKS BY APS TESTING STANDARDS OFFICER			
RECOMMENDED		NOT RECOMMENDED	

DESIGNATION																		
PERIOD OF VALIDITY																		
										to								
	d	d	m	m	y	y	y	y			d	d	m	m	y	y	y	y

PRIVILEGES / RESTRICTIONS		
SIGNATURE OF TESTING STANDARDS OFFICER	NAME IN BLOCK LETTERS	DATE