



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

Personnel Licensing, Safety Standards and Assurance Form Number: CA 62-13
0860 267 435 Fax Number: 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					
Validation of a foreign licence																	

APPLICATION FOR NATIONAL PILOT LICENSE TUG OR TOW RATING

NOTES:

- Applicant must hold a valid Recreational Pilot Licence with the applicable type rating
- Pay the prescribed fee as per CAR 187
- Have completed the approved training course applicable for the rating

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

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

CERTIFICATE OF COMPETENCY AS A TUG OR TOW PILOT (Regulation 62.11)

I, certify that the above-mentioned pilot:-

- Holds the appropriate endorsement for an aircraft within a class rating or type rating for the aeroplane.
- Has acquired suitable experience as per TS 62.11 under the supervision of an appropriately rated Grade A or Grade B flight instructor
- Has demonstrated the ability to act as pilot-in-command of a tug aeroplane whilst having an aircraft in tow or has demonstrated the ability to act as pilot-in-command of a tow aeroplane whilst having a banner in tow.

Name of Instructor	
Licence number	
Telephone number	
Email address	

SIGNATURE OF INSTRUCTOR	NAME IN BLOCK LETTERS	DATE