SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Personnel Licensing, Safety Standards and Assurance**

Telephone number: **0860 267 435** *Fax Number:* **011-545-1520**

Physical address: **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**

Postal address: **Private Bag X73, Halfway House 1685** *Website:* **www.caa.co.za** *Email:* ClientCare@caa.co.za

Form Number: CA 62-26

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 A PART 96 AUTHORIZATION

This application must be accompanied by:

1. Copy of a valid Class 1 or Class 2 medical certificate issued in terms of Part 67.
2. Proof that the applicant has passed the theoretical knowledge examination referred to in 62.14.5.
3. Proof that the applicant has the practical experience referred to in 62.14.3.
4. Skills test report CA 62.10.
5. The appropriate fee as prescribed in Part 187.

Initial Issue		**Renewal**	

A. Applicant details

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		License number	
Email address			

SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**

B. Examiner Details

Surname of Examiner	
First names	
Licence number	
Email address	
Contact Number	

SIGNATURE OF EXAMINER	**NAME IN BLOCK LETTERS**	**DATE**