



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

Personnel Licensing

011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Fax Number: 011-545-1456

Website: www.caa.co.za

Form Number: CA 63-02

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)			
<i>Service / transaction</i>		<i>Over the counter payments</i>	
Application for a flight Engineering Licence		<i>EFT, Internet, Wire, Electronic payments</i>	

APPLICATION FOR FLIGHT ENGINEER LICENCE**NOTES:**

- (i) An application for a flight engineer licence must comply with the provisions of CAR 63.02.6.
- (ii) Section 1 of this form must be completed in all cases.
- (iii) All other sections must be completed if applicable to the specific application.
- (iv) The original application must be submitted to the Civil Aviation Authority.
- (v) Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.

PARTICULARS REGARDING THE APPLICANT

Surname			
First names			
Residential address			
Postal address			
Telephone number		Fax number	
Cell phone number		E-mail address	
Identity number		Passport number	
Date of birth		Nationality	
Name of present employer		Address of present employer	
Telephone number of present employer		Fax number of present employer	
CAA reference number		Capacity in which employed	
Age		Country of permanent residence	
Academic qualification(s):			

PARTICULARS OF AERONAUTICAL ENGINEERING EXPERIENCE					
Name					
Address					
Telephone number of employer					
Period employed					
Particulars of pilot licence held					
Flight time under supervision of a flight engineer instructor:					
Air time:		hours	Simulator:		hours
Type of aircraft and powerplant/s:					
The applicant declares hereby that the particulars provided in this application are true in every respect.					
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS		DATE	

Supporting documents:	
Mark the appropriate block	
<input type="checkbox"/>	The skills test report signed by an examiner or flight engineer instructor
<input type="checkbox"/>	A valid class 1 medical certificate
<input type="checkbox"/>	Proof of the applicants age
<input type="checkbox"/>	Documentary proof of passing the theoretical knowledge examination
<input type="checkbox"/>	Documentary proof of the required experience
<input type="checkbox"/>	Documentary proof of the successful completion of the appropriate training
<input type="checkbox"/>	A certified true copy of a valid commercial or airline transport pilot licence held by the applicant
<input type="checkbox"/>	A certified true copy of the B Sc Aeronautical Engineering degree held by the applicant
<input type="checkbox"/>	The appropriate fee as prescribed in Part 187 of the regulations