



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 63-03.6

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
Application for type rating (flight engineer)	<input type="text"/>		<input type="text"/>

APPLICATION FOR INITIAL ISSUE, RENEWAL OR REISSUE OF FLIGHT ENGINEER TYPE RATING

NOTES:

- (i) An application for an initial type rating must comply with the provisions of CAR 63.03.6.
- (ii) An application for the renewal of a type rating must comply with the provisions of CAR 63.03.10.
- (iii) An application for the reissue of a type rating must comply with the provisions of CAR 63.03.11.
- (iv) An applicant must complete all sections.
- (v) The original application must be submitted to the Director of Civil Aviation.
- (vi) 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	
Licence number		Date of issue	

Type of aircraft and powerplant for which the rating is applied		
Details of current valid ratings held by the applicant		
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 skill test report signed by a Grade I flight engineer instructor or examiner
<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"/>	The appropriate fee as prescribed in Part 187 of the regulations