SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **LICENSING SECTION, PEL DEPT, ASO DIVISION**
Telephone number: **011-545-1000** *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**

Form Number: CA 63-06

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***
Fees: See CAR Part 187.00.23			

APPLICATION FOR RENEWAL OF CAR PART 63 LICENCE

Notes:
1. See the relevant checklist on the SACAA website (www.caa.co.za) for the applicable requirements for each licence or rating.
2. This form may be used to apply simultaneously for more than one licence or rating.
3. Insert a tick (√) in the applicable box(es) *.
4. This form must be submitted within 30 days of the completion of the skills test or required training as applicable.

DETAILS OF APPLICANT							
Surname							
Licence Number							
Full names							
ID/passport number					Nationality		
Date of birth					Age		
Permanent Resident in SA	**YES**		**NO**				

TYPE OF LICENCE HELD																			
Tick the appropriate boxes below:																			
PPL(A)		**CPL(A)**		**ATP(A)**		**PPL(H)**		**CPL(H)**		**ATP(H)**		**FB**		**FE**		**RPL**			

Population group* (for statistical purposes only)										**Gender***			
African		White		Coloured		Asian		Other		Male		Female	

Postal address		Province	
		Postal code	
Residential address		Province	
		Postal code	
Telephone number		Fax number	
Cell phone number		E-mail	

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