



Section:
Telephone number:
Physical address:
Postal address:

Personnel Licensing
0860 267 435
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Fax Number: 011-545-1456

Form Number: CA 64-01.14

Website: www.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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION FOR VALIDATION OF FOREIGN CABIN CREW LICENCE / COMPETENCY CARD / RATING

APPLICANT DETAILS			
Surname of applicant			First names
Passport number			Date of birth
License/Competency card number			Expiry date
Country of issue			First Date of Expiry
Read in English	<input type="checkbox"/>	Speak in English	Understand English
Dates of Medical	From:		To:
Residential address			
		Postal Code	
Contact number			
Email address			
OPERATOR DETAILS			
Name			
Base Address			
Contact Person (Name and Designation)			
Telephone number		Cellular phone number	
Email address			
Type(s) of aircraft to be flown			
AVIATION TRAINING ORGANISATION DETAILS			
Name and Approval Number			
Base Address			
Contact Person (Name and Designation)			
Telephone number		Cellular phone number	
Email address			

SUPPORTING DOCUMENTS		
	Proof of Payment	
	Certified copy of licence/competency card/validity dates	
	Current rating on aircraft type for which validation is being applied for	
	Certified copy of valid foreign or South African medical certificate.	
	Certified copy of valid Passport	
	Two passport size photographs	
	Form 64-20 completed	
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF CONTACT PERSON (OPERATOR)	NAME IN BLOCK LETTERS	DATE