



Section: Personnel Licensing
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Form Number: CA 64-04

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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 187.00.10			

APPLICATION FOR REDESIGNATION OR AMENDMENT OF CABIN CREW INSTRUCTOR (CCI) STATUS

APPLICANT INFORMATION			
License Number		Instructor Status Expiry Date	
Full Name			
Contact Number		E-mail address	
Postal Address			
		Postal code	
Name of Aviation Training Organization(s) (ATO)	Approval number(s)		

COMPLIANCE INFORMATION			
Number of classes conducted per quarter (as per quarterly reports):			
1 January – 31 March	1 April – 30 June	1 July – 30 September	1 October – 31 December
Date of last training for the following components (as per quarterly reports):			
SEPT Initial	SEPT Recurrent	Flight Deck SEPT	Security Awareness
Date of conference attended			
Dates of two CCI assessments conducted by CDE			
Code of Conduct attached		Proof of payment attached	

SCOPE OF DESIGNATION APPLIED FOR			
Cabin Crew SEPT		Flight Deck SEPT	Security Awareness

CURRENCY ON AIRCRAFT TYPES			
Aircraft Type	Last date of training	Aircraft Type	Last date of training

DECLARATION BY APPLICANT	
I, the undersigned, hereby certify that -	
<ol style="list-style-type: none"> 1. I am aware that the instructor designation is at the sole discretion of the Director of Civil Aviation, that it is a privilege and not a right, and may be withdrawn at any stage - as per SA-CARS 64.01.10; 2. I am aware that the designation is granted as per approval period; 3. I am aware that I must comply with all requirements for the purpose of maintenance of standards and re-designation - as per SA-CATS 64.01.10; 4. I am familiar with the contents of the relevant SACAA Regulations and Technical Standards; 5. I am aware that honesty and integrity are essential prerequisites for designation and the maintenance thereof; 6. I will abide by all the requirements of this designation. 	
CODE OF CONDUCT	
I understand that I am mandated to -	
<ol style="list-style-type: none"> 1. Ensure that all training is conducted in accordance with the standards stipulated in the SA-CATS 64,121 & 141; 2. Conduct myself in a dignified, professional and ethical manner; 3. Comply with all SA Civil Aviation Regulations and ensure that relevant documents are completed and submitted accurately and timeously to the Authority; and 4. Conduct my training by applying all facilitation principles and techniques. 	

TO BE COMPLETED BY THE APPLICANT				
I hereby give consent for my name and contact details to be published on the SACAA website. (tick appropriate)			Yes	No
I, the undersigned		hereby certify that the above information is correct.		
SIGNED AT				
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE		
Redesignation requirements shall be met as per SACAA CATS 64.01.10 and the relevant CCI TGM.				

FOR OFFICIAL USE ONLY				
Complies with redesignation requirements	Compliant		Non-compliant	
Application recommended	Recommended		Not Recommended	
Restrictions				
Date Received				
Period of Validity	DD – MM – YYYY to DD – MM – YYYY			
Remarks by PEL Inspector				
SIGNATURE OF PEL INSPECTOR	NAME IN BLOCK LETTERS	DATE		