



Section:  
Telephone number:  
Physical address:  
Postal address:

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

Fax Number: 011-545-1377

Form Number: CA 64-10

Website: [www.caa.co.za](http://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
Fees: See CAR Part 187.00.10			
<b>APPLICATION FOR INITIAL CABIN CREW INSTRUCTOR RATING</b>			

APPLICANT INFORMATION			
Name and Surname			
Contact Number			
E-mail			
Postal Address			Postal Code
License Number		Recurrent Training Expiry Date	
Name of Aviation Training Organization (ATO)			
ATO Approval Number			

SCOPE OF DESIGNATION APPLIED FOR:			
Cabin Crew SEPT			
Flight Deck SEPT			
Security Awareness			
List of aircraft type(s) for which instructor rating is required:			

SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH THIS APPLICATION:		
1.	Copy of valid Cabin crew license and medical certificate	
2.	Copy of Train-the-trainer certificate	
3.	Copy of Assessor certificate	
4.	Copy of cabin crew logbook or Official company letter verifying hours flown (Min: 1000 hours)	
5.	Letter of motivation from ATO, on an official company letterhead	

**DECLARATION BY APPLICANT**

I, the undersigned, hereby certify that -

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is at the sole discretion of the Director of Civil Aviation, that it is a privilege and not a right, and may be withdrawn at any stage - as per SA-CARS 64.01.10;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 the oversight 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 Civil Aviation 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 INTEGRITY**

I understand that I am mandated to -

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).		<b>Yes</b>	<b>No</b>
I, the undersigned		hereby certify that the above information is correct.	
<b>SIGNED AT</b>			
<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	

**FOR OFFICIAL USE ONLY**

<b>Complies with designation requirements</b>	<b>Compliant</b>		<b>Non-compliant</b>	
<b>Application recommended</b>	<b>Recommended</b>		<b>Not Recommended</b>	
<b>Restrictions</b>				
<b>Date Received</b>				
<b>Period of Validity</b>	DD – MM – YYYY to DD – MM – YYYY			
<b>Remarks by PEL Inspector</b>				
<b>SIGNATURE OF PEL INSPECTOR</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>		