



Section **Personnel Licencing**
 Telephone number: **0860 267 435**
 Physical address **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**
 Postal address: **Private Bag X73, Halfway House 1685**

Form Number: CA 64-11

Website: www.caa.co.za

**CHECKLIST OF REQUIREMENTS FOR FOREIGN
CABIN CREW LICENCE VALIDATION**

Date	
License Number	
Name	

DOCUMENTS SUBMITTED	CSO	LIO	LIO
		YES	NO
Form CA 64.01.14 (Application) completed			
Certified copy of licence/competency card			
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			
Skills test report (signed by South African Cabin Crew Designated Examiner)			
Applicable proof of training received (as required)			
Verification letter			
Proof of Payment			

SIGNATURE OF CLIENT SERVICE OFFICER	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF LICENSING OFFICER (ISSUER)	NAME IN BLOCK LETTERS	DATE
SIGNATURE OF LICENSING OFFICER (APPROVER)	NAME IN BLOCK LETTERS	DATE
	R	
	Receipt number	