



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 64-15

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	Account Number: 013007971
	Branch Code: 011245	
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 DESIGNATED EXAMINER STATUS</b>		

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

SCOPE OF DESIGNATION APPLIED FOR:	
SEPT Drills	
Live Cabin Fire Fighting Drills	
Wet Ditching & Raft Management Drills	
Aircraft Types:	

SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH THIS APPLICATION:	
1.	Proof of required minimum hours as CCI / Proof of equivalent experience (as applicable)
2.	Copy of Instructor accreditation letter/certificate
3.	Copy of Train-the-trainer certificate
4.	Copy of Assessor certificate
5.	Letter of motivation from ATO, on an official company letterhead
6.	Proof of payment as per Part 187

DECLARATION BY APPLICANT	
I, the undersigned, hereby certify that -	
<ol style="list-style-type: none"> <li>1. I am aware that 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is at the sole discretion of the Director of Civil Aviation, that it is a privilege and not a right, and may be withdrawn at any stage - as per CAR 64.01.9;</li> <li>2. I am aware that the designation is granted as per approval period;</li> <li>3. I am aware that I will be subjected to oversight by the SACAA Testing Standards Officer(s) for the purpose of designation - as per CAR 64.01.9;</li> <li>4. I am familiar with the contents of the relevant SACAA Regulations and Technical Standards.</li> <li>5. I am aware that honesty and integrity are essential prerequisites for designation and the maintenance thereof.</li> <li>6. I will abide by all the requirements of this designation.</li> </ol>	

CODE OF CONDUCT	
I understand that I am mandated to -	
<ol style="list-style-type: none"> <li>1. Ensure that the Drills (as per scope) are assessed in accordance with the standards stipulated in the PART 64, 121 &amp; 141;</li> <li>2. Conduct myself in a dignified, professional and ethical manner;</li> <li>3. Comply with all SA Civil Aviation Regulations and ensure that relevant documents are submitted accurately and timeously to the Authority; and</li> <li>4. Conduct my assessments in line with SAQA principles.</li> </ol>	

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.		
<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>		