



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 64-16

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 Fees: See CAR Part 187.00.10	Over the counter payments		EFT, Internet, Wire, Electronic payments

APPLICATION FOR REDESIGNATION OR AMENDMENT OF CABIN DESIGNATED EXAMINER (CDE) STATUS

APPLICANT INFORMATION			
License Number:		CDE/SEPT 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 <u>assessments</u> conducted per quarter (as per quarterly reports and TGM):			
1 January – 31 March	1 April – 30 June	1 July – 30 September	1 October – 31 December
Date of last <u>assessment</u> for the following components (as per quarterly reports):			
SEPT Initial	SEPT Recurrent	Live Fire Fighting	Wet Ditching
Number of <u>classes</u> conducted per quarter (as per quarterly reports and TGM):			
1 January – 31 March	1 April – 30 June	1 July – 30 September	1 October – 31 December
Date of last <u>training</u> for the following components (as per quarterly reports):			
SEPT Initial	SEPT Recurrent	Flight Deck SEPT	Security Awareness
Date of conference attended			
Date of oversight conducted by PEL Inspector		CCI	CDE
Dates of two CCI assessments conducted by CDE			
Code of Conduct attached		Proof of payment attached	

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

CURRENCY ON AIRCARFT TYPES			
Aircraft Type	Date of last assessment	Aircraft Type	Date of last assessment

DECLARATION BY APPLICANT

I, the undersigned, hereby certify that -

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is at the sole discretion of the Director of Civil Aviation, that it is a privilege and not a right, and may be withdrawn at any stage - as per CAR 64.01.9;
2. I am aware that the designation is granted as per approval period;
3. I am aware that I am required to meet with all requirements for the purpose of maintenance of standards and re-designation - as per CAR 64.01.9;
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 –

1. Ensure that the drills (as per scope) are assessed in accordance with the standards stipulated in PART 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 assessments in line with SAQA principles.

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
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I, the undersigned	hereby certify that the above information is correct.
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SIGNED AT	
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS
	DATE

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		