	Department:	**Personnel Licensing**		From Number: CA 65-01(Part I)
	Telephone number:	0860 267 435	*Email address:*	**clientcare@caa.co.za**
	Physical address:	**Ikhaya Lokundiza Bylsbridge Blvd, Bylsbridge Office Park, Olievenhoutbosch road, Doringkloof, Centurion**		
	Postal address:	**Private Bag X73, Halfway House 1685**		*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**	

APPLICATION FOR AIR TRAFFIC SERVICE LICENCE

POPIA CONSENT AGREEMENT:

In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 ("POPIA"), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject's right to privacy.

By completing this form in accordance with the Civil Aviation Act No. 13 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements .This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.
Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.

The South African Civil Aviation Authority ("SACAA") recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: https://www.caa.co.za/paia-and-privacy/).

NOTE:
1. No documents will be accepted if not fully completed.

PART I: *(must be completed by all applicants in block letters)*

License number	**ATS**		**ATSU**		**UNIT CHANGE**	**YES**		**NO**					
Surname													
Full names													
ID / Passport number			Nationality										
Date of birth			E-mail address										
Population Group* (for statistical purposes only)									**Gender***				
African		White		Colored		Asian		Other		Male		Female	
Postal Address													
Physical Address													
Postal code			Province										
Telephone number			Cell phone number										
SIGNATURE OF APPLICANT			**NAME IN BLOCK LETTERS**						**DATE OF APPLICATION**				

(Indicate with an X)			
Issue (Copy of ID)		Re-Issue of a license (Copy of ID)	
License conversion (Foreign or SAAF ATS License)		Annual rating proficiency check	
Issue of a rating/rating endorsement/initial validation		Special license endorsements	

Medical valid until					
Aviation medical certificate attached		Restrictions		Temporarily unfit	
Restrictions / Temporarily unfit explanation					

PART II:	***To Be Completed by All Applicants Applying for A License Conversion. Attach Details for Sections A – E Below If Necessary (SAAF / Foreign Applicants)***

(Indicate with an X)			
Copy previous ATS license		Valid Medical Certificate	
Copy ID/Passport		Training institutions attended, Dates & Results	
Copy of Work Permit		ATS evaluation courses attended, dates & results	
Copy Letter of Appointment from SA employer			

PLEASE NOTE:
A COPY OF APPLICANT'S IDENTITY DOCUMENT FOR SOUTH AFRICAN RESIDENTS OR PASSPORT FOR FOREIGN APPLICANTS IS TO BE ATTACHED TO THIS APPLICATION FORM FOR FIRST LICENCE ISSUES AND LICENCE CONVERSIONS.