



Section/division: **Personnel Licensing**
 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**

Fax Number:

Form Number: CA 65-01

011-545-1520

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	Over the counter payments		EFT, Internet, Wire, Electronic payments
Fees: See CAR Part 187.01.14			

APPLICATION FOR AIR TRAFFIC SERVICE LICENCE

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					
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.

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PART III:	To Be Completed by Designated Examiners of The Aviation Training Organization for the Issue of a Rating Only									
CERTIFICATION OF THEORETICAL COMPETENCE										
To be completed by the ATO in respect of an applicant who has not previously been a holder of a South African Air Traffic Service license and/or rating of the type for which an application is being made. I, the undersigned, being the holder of an Air Traffic Service license, hereby certify that the applicant has on the date indicated below, satisfied me that he/she meets the knowledge requirements prescribed in the SA-CATS-ATSPL65.02.2 for the issue of an:										
(Indicate with an X)										
ATSA		(ATSA) AFIS		(ATSA) CO-ORD		(ATSA) CLD		(ATSA) FIS		
Aerodrome Control (AD)			App Control (APP)			APP Control (Surveillance) (APP SURV)				
Area Control (AREA)			Area Control surveillance (AREA SURV)				Flight information service (FIS)			
ATS Instructor			Examination Date							
SIGNATURE OF DESIGNATED EXAMINER			NAME IN BLOCK LETTERS			DATE				
LICENCE NUMBER OF DESIGNATED EXAMINER										
NAME OF ATO ATTENDED										
PART IV:	To Be Completed by Operational Designated Examiners For Validations, Annual Proficiency Checks and ATS Instructor Applications									
I, the undersigned, certify that the applicant has on the specified date below, satisfied me that he/she meets the theoretical/practical training requirements prescribed in Part 65 of the Civil Aviation Regulations, 2011: (The holder of an air traffic service license and rating shall submit copies of all documentation reflecting continued maintenance of competency to the Director within 21 days after compliance with the appropriate requirements prescribed in this part.)										
To be Completed by Applicant				To be completed by Designated Examiner						
X	RATING TYPE	ATSU	Name of Designated Examiner	Date	License number	Signature				
	Air Traffic Service Assistant (ATSA)									
	Aerodrome Flight Information Service (ATSA) (AFIS)									
	Co-Ordinator (ATSA) (CO-ORD)									
	Clearance Delivery (ATSA) (CLD)									
	Air Traffic Service Assistant (ATSA) (FIS)									
	Aerodrome Control (AD)									
	Approach Control (APP)									
	Approach Control (Surveillance) (APP SURV)									
	Area Control (AREA)									
	Area Control (Surveillance) (AREA SURV)									
	Flight Information Service (FIS)									
	ATS Instructor Grade 1									
	ATS Instructor Grade 2									

JOHANNESBURG & CAPE TOWN APPROACH & AREA SECTOR ENDORSEMENTS												
		ATSU										
	Sectors		N	S	E	W	C	NE	NW	SE	SW	
	Sectors		N	S	E	W	C	NE	NW	SE	SW	
PART IV: cont.		To be Completed by Applicant - ATS Instructor Applications										
(Indicate Grade of Instructor)												
ATSA		(ATSA) AFIS		(ATSA) CO-ORD		(ATSA) CLD		(ATSA) FIS				
Aerodrome Control (AD)			Approach Control (APP)				Approach Control (Surveillance) (APP SURV)					
Area Control (AREA)			Area Control (Surveillance) (AREA SURV)				Flight information service (FIS)					
PART V:		To be completed by Designated Examiners for Language Proficiency										
Date of Examination												
Level of Proficiency Acquired												
SIGNATURE OF DESIGNATED EXAMINER				NAME IN BLOCK LETTERS				DATE				