



Section/division:
Telephone number:
Physical address:
Postal address:

Personnel Licensing, Safety Standards and Assurance

0860 267 435

Fax Number:

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Form Number: CA 66-01.9

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

AME Validation application

APPLICATION FOR ISSUE OF VALIDATION OF AME LICENCE (FOREIGN LICENCE)

FEES: Kindly refer to Part 187 of the Civil Aviation Regulations, 2011, as amended

NOTES:

- No documents will be accepted if not fully completed.
- All applicants must complete a record of experience in the logbook gained in aviation industry.
- Validation approval is valid for 12 months only and this privilege may only be exercised on RSA registered aircraft.

PART 1: PARTICULARS REGARDING THE APPLICANT/HOLDER

Surname													
Full Names													
Passport Number/ID							Nationality						
Date of Birth													
Population group* (for statistical purposes only)								Gender*					
African		White		Coloured		Asian		Other		Male		Female	
Postal Address													
										Postal Code			
Residential address													
										Postal Code			
Telephone Number							Province						
Cell Phone Number							E-Mail						
Capacity in which employed							Foreign CAA E-Mail Address						
Name of present employer							Country of permanent residence						
Telephone number of present employer							Fax number of present employer						

PART II: PARTICULARS OF A FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE

Licence held											
Valid until		/		/							
Category rating(s) held											
Full reasons for requiring SA validation											

PART III (must be completed for issue of validation)

I wish to be considered for the following additions to my licence:

Category A/C, X/W	Aircraft / Engines / Other equipment

PART IV		THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION	
ISSUE REQUIREMENTS: CA 66.01.9			
1.	Application form CA 66.09.1 must be completed and signed by the applicant. The Accountable Manager (AM) or Quality Representative (QR) which are approved in the Manual of Procedures as stipulated in Part 145 must also sign the form once it is completed by the applicant.		
2.	The AM or QR designated stamp will be stamped on the application form next to his/her signature.		
3.	Copies of the correct completed logbook (Hrs, days or weeks as per AIC 65.5 and on CAA Website) (logbook to be completed on a Monthly bases) from the last page previously submitted to the CAA. A bland statement X or ✓ experience is not acceptable.		
4.	Work done must be signed out by the supervising inspector in the appropriate column (use designated stamp as proof) and the AM/QR must sign next to the summary (use designated stamp as proof). Summary should be written in logbook on a separate page or end of page.		
5.	Copy of Passport.		
6.	2 x Color ID or Passport photo's		
7.	Copies or original foreign license issued by an ICAO contracting state.		
8.	Proof of passing the required examination in Civil Aviation Regulations (CARs) at an approved training organization or at the CAA.		
9.	Copy of type course certificates of airframe and/or engine to be added onto licence. Foreign courses to be Part 141 or Part 147 approved.		
10.	Employment letter by a South African Company or South African Approved AMO to which the person will render services.		
11.	Valid Work Permit if person will render service inside the borders of South Africa.		
12.	Verification of license from foreign CAA confirming that license was never revoked or suspended and that it was issued and is valid. To be requested by the CAA.		
13.	Current MOP list of Management Personnel that show evidence of current Quality person and Accountable Manager.If applicable		
14.	AMO certificate to confirm that the AMO is valid. If applicable		
15.	The prescribed fee in terms of Part 187.		
I hereby declare that the particulars given by me are to the best of my knowledge are true and correct in every respect.			
I, the undersigned			
Hereby certify that the information supplied on this form is correct, and I understand that my approval may be revoked should this not be the case.			
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS	DATE