



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

Personnel Licensing, Safety Standards and Assurance

0860 267 435

Fax Number:

011-545-1520

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

Private Bag X73, Halfway House 1685

Website: www.caa.co.za

Form Number: CA 66-01

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 Licence			

APPLICATION FOR RENEWAL OF APPROVED PERSON CERTIFICATE

NOTE:**Requirements for application:**

- As per attached checklist

AP LICENCE NUMBER:

EXPIRY DATE OF AP CERTIFICATE: / /

PART 1 (must be completed by all applicants in block letters)

Surname of applicant													
Full names													
ID/passport number						Nationality							
Date of birth:													
Population group* (for statistical purposes only)							Gender*						
African		White		Coloured		Asian		Other		Male		Female	
Postal address													
							Province			Postal code			
Residential address													
							Province			Postal code			
Telephone number													
Cell phone number							E-mail						

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

REQUIREMENTS: PART 66.04

RENEWAL APPLICATION

1.	Application form CA 66.01 must be completed and signed by the applicant.
2.	Within the 24 months preceding the date of expiry of certificate, have carried out an inspection or maintenance on at least 2 aircrafts within his or her class(es) and rating(s)
3.	Within the 30 days preceding the date of expiry of such certificate
4.	Proof of work done in the last 2 years
5.	Copy of summary of work done
6..	Copy of AP certificate
7.	The prescribed fee as in Part 187.

To be completed by all applicants

I hereby declare that the particulars given by me are to the best of my knowledge are true and correct in every respect.

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

To be completed by all applicants

SACAA will need you to give consent in terms of publishing your contact details, location and scope of work for the purpose of sharing beneficial information amongst all AP certificate holders. Please make appropriate tick in the box below

I hereby agree and consent the SACAA to disclose or publish my contact details, location and scope of my work on the SACAA website	YES	
	NO	

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE