



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

Personnel Licensing, Safety Standards and Assurance

0860 267 435

Fax Number:

Form Number: CA 66-02.9
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

| 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| APPLICATION FOR RE-ISSUE OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE | | | |

NOTE:

- All documents should be certified no faxes will be accepted.
- No documents will be accepted if not fully completed.

EMPLOYMENT CAPACITY (Please mark the appropriate block)

| MANAGEMENT | INSPECTOR | AVIATION TECHNICIAN | AME | OTHER (specify) |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AME LICENCE NUMBER | | AMO LICENCE NUMBER | | |
| EXPIRY DATE OF AME LICENCE | | / | / | |

PART 1 (must be completed by all applicants in print)

| | | | | | | | | | | |
|---|-------|-------------|-------|-------|------|--------|-------------|--|--|--|
| Surname | | | | | | | | | | |
| 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 | | | | | | | Postal code | | | |
| Residential address | | | | | | | Postal code | | | |
| Telephone number | | Province | | | | | | | | |
| Cell phone number | | E-mail | | | | | | | | |
| Name of present employer | | | | | | | | | | |
| Address of present employer | | | | | | | Postal code | | | |
| Telephone number | | Fax number | | | | | | | | |

| PART II | | THE FOLLOWING DOCUMENTS (AS APPLICABLE) MUST ACCOMPANY THIS APPLICATION |
|--|---|--|
| RE-ISSUE REQUIREMENTS: PART 66.02.9 | | |
| 1. | Application form CA 66.02.9 must be completed and signed by the applicant. | |
| 2. | Copy of valid AME license | |
| 3. | Certified 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. | For the re-issue of your license if you did the ANR's you have to do pass the CARS written examination at the CAA. | |
| 6. | If the license lapsed, the applicant should submit an affidavit stating he did not use the privileges of his license while it lapsed | |
| 6.1 | If a period of less than two years has expired since the lapse of an AME licence, the applicant shall, in addition to the requirements prescribed in regulation 66.02.1, provide proof of experience of at least six months immediately prior to the application for the reissue. | |
| 6.2 | If a period of more than two years but less than five years has expired since the lapse of an AME licence, the applicant shall, in addition to the requirements prescribed in regulation 66.02.1, write the examinations prescribed in regulation 66.02.3(1)(c) and provide proof of experience of at least six months immediately prior to the application for the reissue. | |
| 6.3 | If an applicant has not worked in a maintenance or servicing facility within the aviation environment for a period of five years or more since the expiry of his or her licence, then the applicant shall comply with the requirements for the initial issue of such licence as prescribed in regulation 66.02.1 and in addition rewrite examinations of all the general courses applicable to the ratings previously held. | |
| 7. | AMO certificate to confirm that the AMO is valid. If applicable | |
| 8. | A copy of an approved Human Factors course as per Part 141.02.1. Foreign courses to be Part 141 or Part 147 approved. | |
| 9. | The prescribed fee as in Part 187. | |
| PART III (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 |