



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 68-02

011-545 2520

Website: [www.caa.co.za](http://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  
187.00.10

## APPLICATION FOR RENEWAL OF GLIDER PILOT LICENCE

## Requirements for Application

- Document:** form CA 68-02
- Document:** Signed form of skills test by A or B grade instructor (Practical flight test all categories) **CA 68-05**
- Yellow or Certified:** copy of valid medical applicable to your category Part 67.
- Summary of logbook with all types endorsed and hours flown incl pages of hours flown in the last 12 months
- Appropriate fees as per Part 187 & Proof of Payment

## Initial renewals with RAASA should include the following

- Copy of ID or Passport.
- Copy of old license
- 1x Passport Photo.
- Copy of Restricted Radiotelephony Certificate.

|  |           |                           |               |     |    |
|--|-----------|---------------------------|---------------|-----|----|
| <b>GPL</b>   |           |                           |               |     |    |
| Surname of applicant (Mr/Mrs/Miss)   |           |                           |               |     |    |
| First names  |           |                           |               |     |    |
| Identity Number  |           |                           |               |     |    |
| Licence No   |           |                           |               |     |    |
| Nationality  |           | Permanent resident in SA? |               | YES | NO |
| Residential address  |           |                           | Code:         |     |    |
| Postal address   |           |                           | Code:         |     |    |
| Telephone Number   | Cell No.: |                           | Email address |     |    |
| Date of last medical examination   |           |                           |               |     |    |
| Date of last flight test   |           |                           |               |     |    |
| <b>LOGBOOK SUMMARY: (LAST 12 MONTHS)<br/>FLYING EXPERIENCE</b>                     |           |                           |               |     |    |
| Pilot licence  |           | Pilot-in-command          |               |     |    |
| Dual   |           | Totals                    |               |     |    |
| Flying hours during last 12 months   |           |                           |               |     |    |
| Grand total flying hours   |           |                           |               |     |    |
| Instructor Rating  |           |                           |               |     |    |
| Grade held   |           |                           |               |     |    |
| Flying hours as instructor (excluding cross-country flights) during past 12 months |           |                           |               |     |    |

**CERTIFICATE BY APPLICANT OR AUTHORISED PERSON**

Licence number

Email address

Tel /Cel number

I certify that the above-mentioned particulars are true and correct and that the respective licences were valid during the hours flown.

**SIGNATURE OF APPLICANT**

**NAME IN BLOCK LETTERS**

**DATE**