



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 Email: ClientCare@caa.co.za

Form Number: CA 68-04

| | | | |
|---|----------------------------|---------------------|--|
| 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 INITIAL OR REVALIDATION OF A GLIDER PILOT LICENCE (GPL)

Requirements for Application
(Only use this application for an initial license or first validation after initial license lapses – NOT for renewals)

1. Copy of Student License/Certificate and Student training log
2. Copy of ID or Passport.
3. 1X Passport Photo in color.
4. Complete record of flying training and summary of logbook with all types endorsed and hours flown. Endorsed by Instructor in Logbook.
5. Original signed skills test by instructor and applicant (Practical flight test all categories)
6. Copy of exam results for students including school. (Proof of results from the CFI or school)
7. yellow copy or certified copy of Class 4 medical.
8. Copy of Restricted Radiotelephony Certificate.
9. Appropriate fees as per Part 187 & Proof of Payment

Notes

1. A revalidation skill test shall be conducted within 12 months following the initial issue of the Glider Pilot License.
2. This application form must be signed by the Club CFI

| INITIAL | | REVALIDATION | |
|------------------------------------|----------------|--------------|----------------|
| Glider Pilot | Touring Glider | Glider Pilot | Touring Glider |
| 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 Number | | Email address | |
| Date of last medical examination | | | |

| | | |
|-------------------------------|------------------------------|-------------|
| Name of training organisation | | |
| ATO No | | |
| Name of training instructor | | |
| Instructor Licence Number | | |
| | | |
| SIGNATURE OF APPLICANT | NAME IN BLOCK LETTERS | DATE |