



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

Personnel Licensing
0860 267 435

Fax Number: 011-545-1456

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

Private Bag X73, Halfway House 1685 Email: ClientCare@caa.co.za

Website: www.caa.co.za

Form Number: 69- 02

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
DFE re-designation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

EXAMINATION & PRACTICAL FLIGHT TEST REPORT FOR ISSUE OR VALIDATION OF FREE BALLOON PILOT'S LICENCE

A	APPLICATION		CAA REF. No	
1.	Name of Applicant		Nationality	
2.	Date of Birth		Email address	
3.	Residential Address		Cell phone	
4.	Postal Address		Tel. No (W)	
5.	Purpose of test or examination			
	New Licence	Special Test	Class Rating	
	Validation	Air Law		
	SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS	DATE
B.	PRACTICAL FLIGHT TEST			
1	Name of Flying Club./ school		ATO:NO	
2	Name of Examiner		Licence No	
3.	Name of Instructor		Licence No	
4.	Date of Test	Duration	Dual	Solo
5.	Type of ballon used	Registration No ZS-		
6.	Weather conditions			
7.	Results of Test	Passed	Failed	
				Yes No
8.	Flight test undertaken within 90 days of the last training flight			
9.	Bafsa Membership			
10.	Radio Licence			
11.	Min Class 4 Medical			
12.	Training Logbook Summary			
13.	Remarks:			
	SIGNATURE OF EXAMINER		NAME IN BLOCK LETTERS	DATE
FOR OFFICIAL USE ONLY				
APPROVED		NOT APPROVED		
SIGNATURE OF DIRECTOR OF CIVIL AVIATION		NAME IN BLOCK LETTERS		DATE

C.	FLIGHT TEST REPORT	Pass Standard Demonstrated
1	Obtaining Met Report and appreciation of conditions	
2	Choice of Launch Site and Land Owner Permission	
3	Load Calculation for flight	
4	Fuel Requirements for flight	
5	Crew & Passanger briefing	
6	Rigging Ballon	
7	Burner Test	
8	Envelope layout and Inspection	
9	Inflation	
10	Pre take off checks	
11	Take off	
12	Initial Assessment of condition	
13	Use of instruments	
14	Level flight and effect of burner	
15	Climbing-normal and test	
16	Descending-normal and fast using parachute/vent	
17	Approach and overshoot from low level	
18	Approach and overshoot from high level	
19	Landing in a confined space	
20	Use of 1:50 000 maps	
21	Recognition of surrounding features	
22	Assessment of wind during flight	
23	Position plotting	
24	ETA to set point on map	
25	Pilot light failure and emergency procedure	
26	Fire in flight and on ground (SIMULATED)	
27	General Airmanship-awareness and lookout	
28	Radio procedures	
29	Flight in winds greater than 12kts	
30	Hazard awareness in flight	
31	Appreciation of PZ's	
32	Land Owner relations in flight	
33	Fuel Management	
34	Fuel transfer	
35	Landing checks	
36	Choice of landing site	
37	Final landing	
38	Land Owner Relations on ground	
39	Temp Awareness	
40	Safety in handling LPG during refueling	
41	Knowledge of burner mechanism	
42	Recording of flight times	

