



Section/division: LICENSING SECTION, Safety Standards and Assurance
 Telephone number: 0860 267 435 Fax number 011 545 1520
 Physical address: Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
 Postal address: Private Bag X73, Halfway House 1685 Website: www.caa.co.za Email: ClientCare@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 187.00.23	

APPLICATION FOR RENEWAL OF CAR PART 101 LICENCE																			
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Notes:

1. See the relevant checklist on the SACAA website (www.caa.co.za) for the applicable requirements for each licence or rating.
2. This form may be used to apply simultaneously for more than one licence or rating.
3. Insert a tick (✓) in the applicable box(es) *.
4. This form must be submitted within 30 days of the completion of the skills test or required training as applicable.

DETAILS OF APPLICANT																	
Surname																	
Licence Number																	
Full names																	
ID/passport number				Nationality													
Date of birth				Age													
Permanent Resident in SA				YES				NO									
TYPE OF LICENCE HELD																	
Tick the appropriate boxes below:																	
PPL(A)		CPL(A)		ATP(A)		PPL(H)		CPL(H)		ATP(H)		FB		FE		RPL	
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				Fax number													
Cell phone number				E-mail													
SIGNATURE OF APPLICANT				NAME IN BLOCK LETTERS				DATES									