

Section/division: **Personnel Licensing, Aviation Safety Operations**Telephone number: **011-545-1000**

Fax Number:

Form Number: CA 61-05.01c

011-545-1459

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**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

General radio

telephony

competence

NOTIFICATION OF GENERAL RADIO TELEPHONY COMPETENCY**NOTES:**

- Regulation 61.05.1(c), 61.06.1(c), 61.11.1(g) and SA-CATS 61.05.1.4. and SA-CATS 61.11.1 1.(5) have reference
- Attach results of CAA written examination (general radio telephony)

Surname of applicant		First names			
RSA ID/Passport		Date of birth		Age - Years	
				Age - Months	
Licence Number <i>(to be allocated by the CAA)</i>		Permanent resident in SA?		YES	NO
Population group (for statistical purposes)				Gender	
African	White	Coloured	Asian	Other	Male
					Female
Nationality					
Residential address					
		Province			
Postal address					
		Province		Postal code	
Telephone Number		Cellular phone number			
Facsimile Number		Email address			
Stamp showing name of training organisation and CAA ATO number					
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS		DATE	

CERTIFICATES OF COMPETENCY FOR GENERAL RADIO TELEPHONY

Certificate A

I certify that the crew member complies with the theoretical training requirements for competency for a General Radio Certificate as prescribed in Document SA-CATS 61.05.1, 61.06.1 and Appendix 1.5a to SA-CATS 61 and has written a theoretical examination covering the following aspects:

1. Classification of airspace and associated air traffic services.
2. Altimeter setting procedures.
3. Air traffic services flight plan.
4. IFR procedures.
5. Technical.
6. Terminology.
7. Radio procedures.
8. Communications failure.
9. Distress and urgency procedures.

Name of Designated Facilitator		
Licence number		
Telephone		
Email address		
Name of training organisation		
CAA ATO Number		
SIGNATURE OF DESIGNATED FACILITATOR	NAME IN BLOCK LETTERS	DATE

Certificate B

I certify that the crew member complies with the training requirements for competency for a General Radio Certificate as prescribed in Document SA-CATS-61.05.1, 61.06.1 and Appendix 1.5a to SA-CATS-61 and has completed an oral examination covering the following aspects:

1. Use of Radio on the Ground.
2. Departure procedures.
3. En Route procedures.
4. Arrival and traffic pattern procedures.

Name of Designated Radio Examiner		
Licence number		
Telephone		
Email address		
Name of training organisation		
CAA ATO Number		
SIGNATURE OF DESIGNATED RADIO EXAMINER	NAME IN BLOCK LETTERS	DATE