

Section/division: **Licensing Section**Telephone number: **011-545-1000**Physical address: **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**Postal address: **Private Bag X73, Halfway House 1685**

Form Number: CA 66-02.10

Fax Number: **011-545-1467**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 |
| AME Licence | <input type="text"/> | <input type="text"/> | <input type="text"/> |

APPLICATION FOR RE-ISSUE OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE

NOTE:

1. All documents should be certified no faxes will be accepted.
2. No documents will be accepted if not fully completed.

EMPLOYMENT CAPACITY (Please mark the appropriate block)

| MANAGEMENT | INSPECTOR | AVIATION TECHNICIAN | AME | OTHER (specify) |
|--------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AME LICENCE NUMBER: | | AMO LICENCE NUMBER: | | |

PART 1 (must be completed by all applicants in print)

| | | | |
|-----------------------------|--|-------------|--|
| Surname | | | |
| Full names | | | |
| ID/passport number | | Nationality | |
| Date of birth: | | | |
| Postal address | | Postal code | |
| Telephone number | | Fax number | |
| Cell phone number | | E-mail | |
| Name of present employer | | | |
| Address of present employer | | | |
| | | Postal code | |
| Gender | | Race | |
| Telephone number | | Fax number | |

| PART II (to be completed by all applicants) | | | | |
|--|---|-------------------------------------|-------------|-----------|
| THE FOLLOWING DOCUMENTS MUST BE ATTACHED | | <i>Please mark the relevant box</i> | | |
| RE-ISSUE REQUIREMENTS: PART 66.02.10 | | | | |
| | | | Yes | No |
| 1. | Application form CA 66.02.10 must be completed and signed by the applicant. The Accountable Manager (AM) or Quality Assurance Manager (QAM) which is approved in the Manual of Procedures as stipulated in Part 145 must also sign the form once it is completed by the applicant. | | | |
| 2. | The AM or QAM designated stamp will be stamped on the application form next to his/her signature. The AM or QAM's name must be printed in block letters with the AMO License number in the appropriate space. | | | |
| 3. | Certified true copies of the correct completed logbook (days, weeks or months as per AIC 65.5) from the last page previously submitted to the CAA. It is the responsibility of the applicant and the AM/QAM to ensure all experience is written up in a manner that the reader has a reasonable understanding of where, when and what maintenance constitutes the experience. A task-by-task account is not necessary but at the same time a bland statement X or √ experience is not acceptable. | | | |
| 4. | Work done must be signed out by the supervising inspector in the appropriate column (use designated stamp as proof) and the AM/QAM must sign next to the summary certifying all information on that specific page is true and correct (use designated stamp as proof). Summary should be written in logbook on a separate page or end of page. | | | |
| 5. | If the license lapsed, the applicant should submit an affidavit stating he did not use the privileges of his license while it lapsed | | | |
| 5.1 | If a period of not more than two years has expired since lapse of such license, comply with the requirements for renewal as set out in Part 66.02.9 of the CARS and in addition provide proof of experience of at least six months prior to application. | | | |
| 5.2 | If a period of more than two years but not more than five years has expired (whether the applicant were working within or without the Aviation Industry), comply with the requirements for the renewal thereof as set out in Part 66.02.9 of the CARS, and in addition, pass a written examination on the CARS as prescribed for an AME License. | | | |
| 5.3 | If a period of more than five years has expired since the lapse of such license (and the applicant was working within the Aviation Industry for that period of time), the applicant must comply with the requirements for the initial issue of an AME license, and in addition pass a written examination on the CARS as prescribed for an AME License. | | | |
| 5.4 | If a period of more than five years has expired since the lapse of such license (and the applicant was not working within the Aviation Industry), the applicant must comply with the requirements for the initial issue of an AME license. It will be required from the applicant to redo CARS and all the applicable General subjects. | | | |
| 6. | Current MOP list of Management Personnel that show evidence of current Quality person and Accountable Manager. | | | |
| 7. | AMO certificate to confirm that the AMO is valid. | | | |
| 8. | A certified true copy of an approved Human Factors course as per Part 141.02.1 | | | |
| 9. | The prescribed fee as in Part 187. | | | |
| PART III (to be completed by all applicants) | | | | |
| I hereby declare that the particulars given by me are to the best of my knowledge and belief, true and correct in every respect. | | | | |
| | | | | |
| SIGNATURE OF APPLICANT | | NAME IN BLOCK LETTERS | DATE | |
| | | | | |
| AMO'S ACCOUNTABLE MANAGER or QUALITY ASSURANCE MANAGER | | NAME IN BLOCK LETTERS | DATE | |
| LICENCE NUMBER | | AMO STAMP | | |