



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**

Fax Number:

Form Number: CA 66-02.9

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

APPLICATION FOR RENEWAL OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE
NOTE:

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

EMPLOYMENT CAPACITY (Please mark the appropriate block)

MANAGEMENT	INSPECTOR	AVIATION TECHNICIAN	AME	OTHER (specify)
------------	-----------	------------------------	-----	--------------------

AME LICENCE NUMBER: _____ AMO LICENCE NUMBER: _____

PART 1 (must be completed by all applicants in block letters)

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>		
RENEWAL REQUIREMENTS: PART 66.02.9				
			Yes	No
1.	Application form CA 66.02.9 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.	To renew a AME license with a category A, B, C, D, X, W the holder thereof shall within the 24 months preceding the date of expiry of the license, have served for not less than 6 months as a licensed AME.			
6.	An application for the renewal of the license shall, within 90 days preceding the date of expiry be made to the commissioner.			
7.	Current MOP list of Management Personnel that show evidence of current Quality person and Accountable Manager.			
8.	AMO certificate to confirm that the AMO is valid.			
9.	A certified true copy of an approved Human Factors course as per Part 141.02.1			
10.	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		