



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 ANR 7.17.8.b**
 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 Validation application			

APPLICATION FOR RENEWAL OF VALIDATION OF AME LICENCE

FEES: Kindly refer to Part 187 of the Civil Aviation Regulations, 1997, as amended

NOTES:

Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.

All applicants must complete a record of experience in the logbook gained in aviation industry.

Approval is valid for 12 months only and this privilege may only be exercised on RSA registered aircraft in the RSA.

Any applicant who wishes to be considered is to present himself at the licencing section together with all his current documentation.

PART 1: PARTICULARS REGARDING THE APPLICANT/HOLDER

Surname		First names	
Residential address		Postal address	
	Postal code		Postal code
Telephone number		Fax number	
Identity number		Passport number	
Telephone number of present employer		Fax number of present employer	
Capacity in which employed		Country of permanent residence	
Licence number		Nationality	
Gender		Race	

PART II: PARTICULARS OF A FOREIGN AIRCRAFT MAINTENANCE ENGINEER LICENCE

Licence held	
Valid until	
Category rating(s) held	
Full reasons for requiring RSA validation	

PART III (to be completed by all applicants)				
THE FOLLOWING DOCUMENTS MUST BE ATTACHED		Please mark the relevant box		
RENEWAL REQUIREMENTS: ANR 7.17.8.b				
			Yes	No
1	Application form CA ANR 7917.8)b must be completed and signed by the applicant. The Accountable Manager (AM) or Quality Assurance Manager (QAM) which are 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 Licence number in the appropriate space.			
3	Certified true copies of the correct completed logbook (days, weeks or months as per 65.5) from the first page till the last entry must accompany the application. 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 \surd 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).			
	If, after calculation of the total experience, it has been found the applicant do not qualify as a result of not enough experience, the applicant will forfeit his application fee.			
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 six months as a licensed AME			
6	Certified true copies or original foreign licence issued by an ICAO contacting state.			
7	Employment letter by a South African Company or South African Approved AMO to which the person will render services within the borders of South Africa/Work permit.			
8	Confirmation on verification of licence at foreign confirming that licence was never revoked or suspended and that it was issued and is valid. To be requested by the CAA.			
9	The prescribed fee in terms of Part 187.			
The applicant declares hereby that the particulars provided in this application are true in every respect.				
I, the undersigned				
hereby certify that the information supplied on this form is correct, and I understand that my approval may be revoked should this not be the case.				
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS	DATE	
SIGNATURE OF EMPLOYER'S ACCOUNTABLE MANAGER / QUALITY ASSURANCE MANAGER		NAME IN BLOCK LETTERS	DATE	
LICENSE NUMBER		AMO STAMP		