SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Licensing Department**
Telephone number: **011-545-1000** *Fax Number:* **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**

Form Number: CA 61-01.0a

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***
Application for professional pilot		

APPLICATION FOR REVALIDATION OF MAINTENANCE OF COMPETENCY FOR THE HOLDER OF A SOUTH AFRICAN COMMERCIAL or AIRLINE TRANSPORT PILOT LICENCE (A&H) IN THE EMPLOY OF A FOREIGN OPERATOR

Surname		Initials	
Licence number		Date of birth	
ID/Passport number		Telephone number	
Residential address			
Postal address			
		Postal code	
E-mail address			

Operator name and address	Operator official stamp

Flying hours	Total	PIC	Co-Pilot	Dual	FSTD
Flying hours during last 6 months					
Grand total flying hours					

SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**