SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Testing Standards, Aviation Personnel Standards**
Telephone number: **011-545-1000** *Fax Number:* 011-545-1456
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 61-36.7

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***
DFE Oversight		

DFE OVERSIGHT REPORT

Details of DFE							Date of oversight	
Surname							First names	
Licence Number							Phone number	
DFE category	I		II		III		Email address	

Test or Check details													
Operator (DFE-III only)													
Type of test or check	IR		CPL		ATPL		FI		OPC		TYPE		CLASS	
Aircraft type									Registration					
Simulator type									Registration					
Duration of test or check	Briefing			Flying				De-briefing						
Name of candidate 1				Licence Number										
Name of candidate 2				Licence Number										

	Aspects evaluated	Description	S	SWI	U
1	Meeting the candidate	• Punctuality • Introduction			
2	Documentation checked	• Letter of recommendation (if applicable) • Validity of licence(s) • Logbook (up to date and correct) • Training file (if applicable) • Reference material (as applicable)			
3	Ground evaluation	• Preparation • Assessment technique • Level of technical knowledge			
4	Pre-flight briefing	• Quality of pre-flight briefing • Test/check sequence planning			
5	In-flight assessment	• Adherence to pre-flight briefing and plan • Ability to identify deviations from standards • Adherence to POH • Knowledge of aircraft (if applicable) • Adherence to practical test standards			
6	Post-flight briefing	• Accuracy and honesty			
7	Form handling	• Completion • Grading • Suitable remarks and observations			

S= Satisfactory	SWI= Satisfactory with input	U= Unsatisfactory

Aspects	*Observations*

Oversight acceptable		**Oversight not acceptable**	

Details of Authorised Officer / Person			
Surname		First names	
Licence Number		Phone number	

SIGNATURE OF AUTHORISED OFFICER / PERSON	**NAME IN BLOCK LETTERS**	**DATE**

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