



Please complete the following declaration form.

**Declaration**

I \_\_\_\_\_ ID number \_\_\_\_\_

Certify that the information given in this application for Designation of a screener examiner is correct.

I hereby bind myself and am willing to adhere to the SACAA requirements for Certificated screeners.

Signed by the applicant: \_\_\_\_\_  
*Signature* *Date:*

Witness: \_\_\_\_\_  
*Signature* *Date:*

All applications should be couriered or posted to SACAA at the details below.

**AVSEC TRAINING AND CERTIFICATION**

Postal Address	Physical Address
Private Bag x73	Ikhaya Lokundiza
Halfway House	Building 16, Treur Close
1685	Waterfall Park
	Bekker Street
	Midrand
Contact person: Pertunia Mashiane	E-mail: MashianeP@caa.co.za
Telephone number: 011 545 1344	

❖ Please attach a copy of your certified identity document/passport