SOUTH AFRICAN														
Section/divis Telephone r		umber: 0860 267 435					Fax Number: 011-545-1456							
CIVIL AVIATION Physical add AUTHORITY Postal addre	vsical address: Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng stal address: Private Bag X73, Halfway House 1685 Website: www.caa.co.za Email: ClientCare@caa.co.za													
		DET	AILS OF BA	NK A	ACCOUNT FO	R PAYME	nt of f	PRESCRIE	BED FEE			Ŭ		
Bank: Standard Bank of SA Ltd	<u>B</u>		oklyn, Pretor ULSORY CLI		Bra	anch Code: ODE (to be			eposit slip)		ber: 0130079			
Service/transaction			ounter paym					<u> </u>		ternet, I	Wire, Electr	onic payments		
licence														
APPLICATION FOR 2	8 DAY \	VALID			FOREIG REATIO				ISE FOI	R PR		DAY VFR	FLYING /	
Note: This Application Fo	Note: This Application Form is also applicable to Parts 62, 68 and 69.													
Requirements for application														
	<ol> <li>Submit request 60 days prior to arrival to afford enough time to verify license with country of issue.</li> <li>Letter confirming date of arrival and departure and details of aircraft to be used.</li> </ol>													
3. Receive a briefing covering local radio procedures, Air Law aspects, airspaces and density altitude.														
4. Carry out a Competency Check with a Gr I, Gr II Flight instructor or DFE.														
<ol> <li>Certified copies of (a) valid foreign license, (b) valid foreign medical, (c) valid passport.</li> <li>Copy of logbook (last three pages – inclusive of competency check endorsement).</li> </ol>														
7. Application fee as			110100.		1.001110-010	, ino j 0		lucico.	noncy.					
Details of Applicant														
Surname							First Name							
Date of birth							Cellular Number							
Passport Number	umber					Country of issue				$\Box$				
Expiry date				Email address										
Residential address														
			Province							Postal	code			
Postal address								r			<del>.</del>			
						Province					Postal code			
Applicant's address in So Africa	s in South													
						Provinc	e				Postal	code		
License Details														
License Number							ense Ty	ре						
Issuing Licensing Authority							- 		1		Hours			
Dates of Medical	F	From			То		Ge	ender	Male			Female		
License Validation Details		_												
Aviation Training Organisat conducting competency che														
License type to be validated	, t	PPL		NPL				0	GPL			BPL		
Purpose of validation					<u> </u>	1		1	I		<b>I</b>			
Types of aircraft to be flown	1													
28 days Validation Period Requested	From								То					
										<u> </u>				
SIGNATURE OF APPLICANT			N	NAME IN BLOCK LETTERS					DATE					