SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Licensing Section**
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 61-01.14

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***
Validation of a foreign licence		

APPLICATION FOR VALIDATION or CONVERSION OF FOREIGN LICENCE or RATING

Surname of applicant		First names			
Passport number		Date of birth		Age -Years	
				Age - Months	
Licence type		Country of issue			
With Instrument rating		Without Instrument Rating			
Licence Number		Expiry date			
Dates of Medical	From:		To:		
Gender	Male		Female		
Licence type to be validated					
Purpose of validation:	Private flying:		Commercial Flying:		
If for commercial purposes, number of hours flown in country of issue at the level of the licence to be validated:					hours
Types of aircraft to be flown:					
Aviation Training Organisation:					
Residential address					
				Province	
Postal address					
		Province		Postal code	
Applicant's address in South Africa:					
		Province		Postal code	
Telephone Number		Cellular phone number			
Facsimile Number		Email address			

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