



South African Civil Aviation Authority
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All correspondence to be addressed to:
 The Commissioner
 Private Bag X08
 WATERKLOOF, 0145
 Bank Details :
 Standard Bank, Brooklyn

CIN 057K PL

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CDI 9530084573

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APPLICATION FOR CABIN CREW DESIGNATED EXAMINER

License Number:			
Name:			
Gender			
Expiry date of Instructors Rating:			
Postal Address:			Code :
Telephone Number:			
Fax Number:			
Cellular Number:			

This Application is in respect of:

Aeroplane:		Avmed:		Other:	
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List the aircraft type(s) instructed on during the past 12 months:

Company / Operator flying for:

Name:				
Telephone Number:				
Type(s) of aircraft normally crewing/instructing on:				

I certify that the above information is correct

Signed at		On the		of	
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Signature of applicant:			
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For official use only

Approved By:			
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Not Approved:			
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Amount:	R	Receipt No:	
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Date:			
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For Commissioner:	
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Period of validity:	From:	To:
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