



# SOUTH AFRICAN CIVIL AVIATION AUTHORITY

**281 Middle Street Nieu Muckleneuk Private Bag X08 WATERKLOOF 0145**

Air Traffic Services    Tel: +27 12 346 5566 x 5098 Fax: +27 12 346 6057

Aircraft Technical      Tel: +27 12 346 5566 x 5069 Fax: +27 12 346 1807

**Flight Operations      Tel: +27 12 346 5566 x 5020 Fax: +27 12 346 2009 – Att: Debi Taylor**

**CA 141-01**

| Bank Details                    | Fees applicable                               | Amount Tendered:   |
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|                                 | FEE: + VAT = TOTAL                            | <b>R</b>           |
| <b>Standard Bank</b>            |   |                    |
| <b>Brooklyn, Pretoria</b>       | Issue:        R1700.00 + R238.00 = R1938.00   |                    |
| <b>Branch Code: 01 12 45</b>    | <b>Renewal:    R870.00 +R121.80 = R991.80</b> |                    |
| <b>Account No: 01-300-797-1</b> | Amendment R840.00 +R117.60 = R957.60          |                    |
| Swift Code: SBZAZAJJ            | Temp.Approval: R450.00 + vat (per hour)       | Cashier Date Stamp |

**Please mark the applicable block:**

**APPLICATION FOR THE *ISSUE* AN AVIATION TRAINING ORGANISATION APPROVAL**

**APPLICATION FOR THE *AMENDMENT* OF AN AVIATION TRAINING ORGANISATION APPROVAL**

**APPLICATION FOR THE *RENEWAL* OF AN AVIATION TRAINING ORGANISATION APPROVAL**

**Aircraft Technical**

**Flight Operations**

**X**

**Air Traffic Services**

**NOTES :**

1. *An application for the issuing of an aviation training organisation approval to conduct standard aviation training, or amendment thereof, must comply with the provision of CAR 141.02.7.*
2. *An application for the renewal of an aviation training organisation approval to conduct standard aviation training, must comply with provisions of CAR 141.02.13.*
3. *Section 1 of this form must be completed in all cases.*
4. *All other sections must be completed if applicable to the specific application.*
5. *The original application must be submitted to the Commissioner for Civil Aviation.*
6. *Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.*
7. *Please delete if not applicable.*

**1. PARTICULARS REGARDING THE APPLICANT / HOLDER**

1.1 Full name :

1.2 Trade name :

1.3 Full business / residential address:

1.4 Postal address:

.....  
 .....  
 .....

.....  
 .....  
 .....  
 Postal code: .....

1.5 Telephone number :

1.6 Telefax number :

1.7 Cellular phone number:

1.8 e-mail address:

1.9 Legal status of applicant (natural person / partnership / close corporation / company / organisation / other - specify):

1.10 Registration number in the case of a close corporation/company / trust:

1.11 Full particulars in respect of the individual/each director/shareholder/partner/member/office bearer :

| Name  | Position | Identity number | Nationality | Country of permanent residence |
|-------|----------|-----------------|-------------|--------------------------------|
| ..... | .....    | .....           | .....       | .....                          |
| ..... | .....    | .....           | .....       | .....                          |
| ..... | .....    | .....           | .....       | .....                          |

1.12 The Applicant hereby declares that copies of all training materials and examinations will be made available to any South African Civil Aviation Authority Inspector / Auditor on request.

The applicant declares hereby that the particulars provided in this application are true in every respect.

.....  
**SIGNATURE** ..... **DATE** .....

**2. APPLICATION FOR THE ISSUE OF AN AVIATION TRAINING ORGANISATION APPROVAL**

2.1 Type of standard aviation training applied for:

2.2 Supporting Documents: The Manual of Procedure

**3. APPLICATION FOR THE AMENDMENT OF AN AVIATION TRAINING ORGANISATION APPROVAL**

3.1 Approval number: ..... 3.2 Expiry date: .....

3.3 Particulars of amendments applied for:

3.4 Supporting Documents: The Amended Manual of Procedure.

**4. APPLICATION FOR THE RENEWAL OF AN AVIATION TRAINING ORGANISATION APPROVAL**

4.1 Approval number: ..... 4.2 Expiry date: .....

4.3 Type of standard aviation training applied for:

4.4 Supporting Documents: (Mark the applicable block)

- Statement of conformity
- Copy of technical data
- The Manual of procedure

**5. OPERATORS NAME**.....

**TEL:**..... **FAX:**.....**CELL:**.....

**ADDRESS:**.....  
 .....

**6. FEES AS PER CAR 187.00.16**

FOR OFFICIAL USE ONLY

| File Reference | Verified by (Name) | Signature | Proposed Insp Date |
|----------------|--------------------|-----------|--------------------|
|                |                    |           |                    |