



Section/division: PERSONNEL LICENSING
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 Postal address: Private Bag X73, Halfway House 1685

Fax Number: 011-545-1520

Form Number: CA 66.01

Website: www.caa.co.za

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 AME Licence
 Over the counter payments
 EFT, Internet, Wire, Electronic payments

APPLICATION FOR ISSUE AND AMENDMENT OF APPROVED PERSON CERTIFICATE

NOTE:

Requirements for application:

- As per attached checklist

AP LICENCE NUMBER:

EXPIRY DATE OF AP CERTIFICATE:

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PART 1 (must be completed by all applicants in block letters)

Surname of applicant													
Full names													
ID/passport number						Nationality							
Date of birth:													
Population group* (for statistical purposes only)							Gender*						
African		White		Coloured		Asian		Other		Male		Female	
Postal address													
							Province			Postal code			
Residential address													
							Province			Postal code			
Telephone number													
Cell phone number							E-mail						

APPLICATION FOR (Please refer to CAR 66-04 for details)					
Initial	Amendment				
Category of Aircraft				YES	NO
Aeroplanes, including Microlight Aeroplanes					
Helicopters					
Gyroplanes & Grocopters					
Gliders, including assisted and touring gliders					
Manned captive and manned free balloons					
Powered Paragliders, parakrikes and powered Hang Gliders					
Class of Certificate				YES	NO
APC 1: inspection certificate, which does not include inspections or repair or modification work					
APC 2: repair and maintenance certificate, which includes inspection or repair, maintenance and modification work which has been done as well as carrying out such work					
APC3: restricted inspection certificate for airframes and/or engines, issued ty type, excluding inspections on modifications and repairs					
Categories of ratings:				YES	NO
APC 1	B				
	D				
	X				
APC 2	A				
	C				
	W				
APC 3	List of types:				
	Airframes		Engines		
Groups					
Airframes:	Please select	Engines:	Please select		
Group 1		Group 01			
Group 2		Group 02			
Group 3		Group 03			
Group 4		Group 04			
Group 5		Group 05			
Group 6		Group 06			
Group 7					
Group 8		Welding:			
Group 9					
Group 10					
Group 11					
Group 12					
Group 13					
Group 14					

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION**REQUIREMENTS: PART 66.04****INITIAL and AMENDMENT APPLICATION**

1.	Application form CA 66.01 must be completed and signed by the applicant.
2.	Proof of experience and work done
3.	Experience as per table below
4.	Hours as per table below
5.	Summary or experience
6.	Copies of qualifications and/or certificates of course attended pertaining to the ratings requested
7.	a letter of recommendation from an appropriately qualified organization or person clearly detailing the type of maintenance performed and the hours associated with the training undertaken by the applicant.
8.	Proof of exams (if applicable)
9.	Copy of AME license (if applicable)
10.	Copy of ID/passport
11.	Copy of AP certificate- applicable for amendment
12.	The prescribed fee as in Part 187.

Experience Requirements	
APC 1	
1.	200 Hours total time experience
2.	Minimum hours in table below
APC 1-X	
1.	200 Hours total time experience
2.	If only Category X rating is sought, then 150 hours of X rating experience needs to be performed under supervision
APC 2	
1.	500 Hours total maintenance
2.	Minimum hours as specified in the table
3.	Evidence of experience in airframe maintenance undertaken at the manufacturer, AMO and or AP with the appropriate rating, where the minimum hours are specified in the table
4.	Where a letter of recommendation and logbook are required, a minimum of 250 hours of maintenance experience on and other engine group/s must be demonstrated the experience gained in the engine group sought will be subjected to peer review and panel adjudication
APC 2-W	
1.	500 Hours total maintenance
2.	Minimum hours as specified in the table
3.	If only W category is sought, then the requirements in terms of 2 becomes 250 hours performing W work1
APC 3	
1.	15 Annual inspections under supervision, of which 10 must be in the respective groups applied for. For clarity you must be able to demonstrate 10 inspections from the group applied for
2.	Administration course provided by a valid Part 149
3.	Recommendation letters from the supervising AP or AMO confirming experience
4.	Proof of being primary builder, build number and build log to be submitted- if applicable

Minimum Hours Requirements per group		
Airframes groups		
Groups	APC 1 (Group B)	APC 2 (Group A)
1	100	250
2	100	250
3	100	250
4	100	250
5-12	Letter of recommendation from an appropriate qualified organization or person clearly detailing the type of inspections performed and the hours associated with the training undertaken by applicant	Letter of recommendation from an appropriate qualified organization or person clearly detailing the type of inspections performed and the hours associated with the training undertaken by applicant
13	75	150
14 Gliders (exc TMGnd self- launching)	25	50
14 Gyrocopters	100 Letter of recommendation from an appropriate qualified organization or person clearly detailing the type of inspections performed and the hours associated with the training undertaken by applicant	250 Letter of recommendation from an appropriate qualified organization or person clearly detailing the type of inspections performed and the hours associated with the training undertaken by applicant

Engine groups		
Groups	APC 1 (Group D)	APC 2 (Group C)
1	100	250
2	100	250
3-6	Letter of recommendation from an appropriate qualified organization or person clearly detailing the type of inspections performed and the hours associated with the training undertaken by applicant	Letter of recommendation from an appropriate qualified organization or person clearly detailing the type of inspections performed and the hours associated with the training undertaken by applicant
2 Strokes Group 03 sub	100	250

To be completed by all applicants		
I hereby declare that the particulars given by me are to the best of my knowledge are true and correct in every respect.		
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

SACAA will need you to give consent in terms of publishing your contact details, location and scope of work for the purpose of sharing beneficial information amongst all AP certificate holders. Please make appropriate tick in the box below		
I hereby agree and consent the SACAA to disclose or publish my contact details, location and scope of my work on the SACAA website	YES	
	NO	
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE