

Tandem HG hours flown during past year		Total Tandem HG hours since commencing sport	
PPG flights flown during past year		Total PPG flights since commencing sport	
PPG hours flown during past year		Total PPG hours since commencing sport	
PPC/PPT flights flown during past year		Total PPC/PPT flights since commencing sport	
PPC/PPT hours flown during past year		Total PPC/PPT hours since commencing sport	
Tandem PPG/PPC/PPT flights flown during past year		Total Tandem PPG/PPC/PPT flights since commencing sport	
Tandem PPG/PPC/PPT hours flown during past year		Total Tandem PPG/PPC/PPT hours since commencing sport	

C. RESTRICTED RADIO LICENSE (FIRST TIME APPLICANTS ONLY – COPY OF CERTIFICATE ATTACHED)			
Powered aircraft (mandatory)		Non powered aircraft (optional)	
Aircraft R/T Radio License – Please supply your Radio Operator's certificate			

Name of Radio Telephony Examiner		Examiner License number	
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3 Letter Call sign	1 ST choice		2 nd choice		3 rd choice	
SAHPA to circle accepted call sign (e.g. PPG – ABC)						

D. LICENSE RENEWAL/APPLICATION

NB: This section must be signed by the appropriate rated Instructors.

Pilots who have not complied with annual competency/currency requirements must undergo a skills test (Form CA 62.15).
The skills test shall comprise a minimum of one flight.
The applicable skills test form is available on the SACAA website.

Current License//Rating grade(s)	
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The pilot has fulfilled all requirements in accordance with the existing rules/regulations to qualify for issuance of the following license/rating:

PG License/Ratings to be issued		<table border="1"> <thead> <tr> <th>CHECKLIST</th> <th>Mark with X</th> </tr> </thead> <tbody> <tr><td>Ab Initio/Basic (HG/PHG/PHGT/PG/PPG/PPC/PPT)</td><td></td></tr> <tr><td>Novice</td><td></td></tr> <tr><td>A-CLASS</td><td></td></tr> <tr><td>B-CLASS</td><td></td></tr> <tr><td>C-CLASS</td><td></td></tr> <tr><td>SPORT</td><td></td></tr> <tr><td>TANDEM</td><td></td></tr> <tr><td>ASSISTANT INSTRUCTOR</td><td></td></tr> <tr><td>INSTRUCTOR (TFI/C) (Flight experience Instructor)</td><td></td></tr> <tr><td>INSTRUCTOR (A/B)</td><td></td></tr> <tr><td>DISPLAY endorsement</td><td></td></tr> <tr><td>Tow endorsement</td><td></td></tr> <tr><td>Tug Endorsement</td><td></td></tr> </tbody> </table>	CHECKLIST	Mark with X	Ab Initio/Basic (HG/PHG/PHGT/PG/PPG/PPC/PPT)		Novice		A-CLASS		B-CLASS		C-CLASS		SPORT		TANDEM		ASSISTANT INSTRUCTOR		INSTRUCTOR (TFI/C) (Flight experience Instructor)		INSTRUCTOR (A/B)		DISPLAY endorsement		Tow endorsement		Tug Endorsement	
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Name																														
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Date signed																														
PPG/PPC/PPT Ratings to be issued																														
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Name																														
License number																														
Date signed																														
HG License/ Ratings to be issued																														
Instructor's Signature																														
Name																														
License number																														

Date signed	
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E. DECLARATION	
I.	I agree to observe and comply with the current Civil Aviation Act and all applicable Civil Aviation Regulations, Technical Standards and Appendices (as applicable) as well as the relevant Approved DTO Training and Procedures Manual, ARO Manual of Procedures and the ARO Code of Conduct.
II.	I hereby acknowledge that I grant SAHPA and its' employees the authority to act as an agent on my behalf when applying for my relevant licenses/ratings or endorsements.

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

SIGNATURE OF CONSENT OF PARENT/LEGAL GUARDIAN (FOR PERSONS UNDER 18 YEARS OF AGE)	NAME IN BLOCK LETTERS OF PARENT/LEGAL GUARDIAN (FOR PERSONS UNDER 18 YEARS OF AGE)	DATE

NB: Any incorrectly completed or unsigned forms shall not be processed.
Note that the footer must display the same number as the form number at the top of the page and must display on your printed document otherwise it shall be rejected.



Department:
Telephone number:
Physical address
Postal address:

Customer Relationship Management
0860 267 435
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Form Number: CA 183-540
Email address: ClientCare@caa.co.za

Website: www.caa.co.za

SACAA CLIENT CONSENT FORM

CONSENT AGREEMENT

The Protection of Personal Information Act 4 of 2013 ("POPI Act") requires that personal information pertaining to individuals be processed lawfully and in a reasonable manner that does not infringe on their right to privacy. Your privacy is important to the South African Civil Aviation Authority ("SACAA"), and we are committed to safeguarding and processing your information lawfully.

To ensure compliance to the POPI Act please complete the below to grant consent to a third party, i.e., ATO/AOC holder, courier services, consultant, family member, employee/employer, etc.

By completing and signing this form, I hereby give consent to:

SAHPA and its employees / Courier Guy for collections (insert full names here).

a third party to provide the following services (tick appropriate boxes below)

Submit my application;	<input checked="" type="checkbox"/>	Have access to my SACAA information.	<input checked="" type="checkbox"/>	Collect my license/document/ approval on my behalf.	<input checked="" type="checkbox"/>
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LICENCE HOLDER / APPLICANT DETAILS

Surname:		Initials	
ID/passport No:		Copy of ID or passport to be attached to this form	
Details of Application i.e., Licence Renewal / ATF renewal etc	All applications /collections or enquires to the regulator Licence / Registration / Approval Number		

I declare that the information provided in the Consent Form is accurate to the best of my knowledge and that I accept the conditions and undertakings requested this process.

SACAA shall secure the integrity and confidentiality of your Personal Information by taking appropriate, reasonable technical and organisational measures to prevent any loss, damage or unauthorised destruction of Personal Information including unlawful access or processing of your Personal Information as provided for in the POPI Act.

I, the undersigned applicant, hereby indemnify the SACAA, from any liability which may arise because of the information, documents, approvals being released to a third party or proxy.

SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE

APPLICANTS REPRESENTATIVE / PROXY

Surname:	Liversedge	Initials	LA
Company Name (if applicable)	Employees at the SAHPA Office & Courier Guy		
Copy of ID or Passport is to be attached to this form.			

In the case of a courier company acting as a collection agent, the company name is to be completed and the driver must produce an ID document on collection.