



Telephone number:
Physical address:
Postal address:

Recreation Aviation Administration South Africa

011 082 1000 Fax Number: 011 082 1020
Hangar 50, Hurricane rd, Rand Airport, Germiston
PostNet Suite #118, Private Bag X1037, Germiston, 1400 E-mail: info@raasa.co.za

| DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE | | | |
|---|----------------------------|-------------------------------|-------------------------------------|
| Bank: Standard Bank | Branch: Alberton | Branch Code: 012342 | Account Number: 020615264 |

APPLICATION FOR VALIDATION OF A FOREIGN RECREATIONAL PILOT LICENCE

- Requirements for Application
1. Certified true copy of the pilot licence and rating to which the validation refers
 2. Copy of ID or Passport.
 3. 1x Passport Photos in colour
 4. Summary of logbook with all types endorsed and hours flown in the last 12 months certified by the Applicant to be a true reflection of the hours flown (Min 5hrs in category LSA, CCM, WCM and 10hrs in last 12 months in case of Gyro, GYR)
 5. Signed Copy of skills test by A or B grade instructor
 6. Copy of exam results South African Air law.
 7. Certified true copy of the restricted radio telephony certificate, and exam results. or certified proof that the applicant has passed a practical skill and theoretical test with an approved radio telephony examiner (RTE)
 8. Certified copy of valid medical applicable to your category as per Part 67.
 9. Proof of training/type rating in the category applying for i.e. LSA, Conventional micro light, weight shift micro light, Gyroplane. Endorsed by Instructor in Logbook.
 10. Appropriate fees as per Part 187 & Proof of Payment

| WCM | CCM | LSA | GYRO | TMG |
|-----|-----|-----|------|-----|
|-----|-----|-----|------|-----|

1. Surname:
2. Forenames:
3. Licence Type: 4. Country of issue
5. Foreign License No: 6. Expiry date:
7. Dates of Medical: From: To:
8. Passport No: 9. License type to be Validated
10. Purpose of validation: Private flying: Part 96 Auth or Instruction:
11. If for Part 96 Authorization or Instruction purposes, number of hours flown in country of issue at the level of the license to be validated:
12. Types of aircraft to be flown:
13. Aviation Training Organization:
14. Email address

Residential address: Applicant's address in South Africa:
.....
..... Postal code:

Telephone: Cell no.: Fax:

Applicant's signature: Date:/...../.....