



Section/division:  
Telephone number:  
Physical address:  
Postal address:

**Personnel Licensing, Aviation Safety Operations**  
**011-545-1000** *Fax Number*  
**Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekke**  
**Private Bag X73, Halfway House 1685**

Form Number: CA 61-01.3

*Fax Number:* 011-545-1459

**Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**

**Private Bag X73, Halfway House 1685**

Website: [www.caa.co.za](http://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

### Over the counter payments

**EFT, Internet, Wire, Electronic payments**

Notification of  
differences training  
Part 62 flight  
instructor

--	--

## NOTIFICATION OF AIRCRAFT DIFFERENCES OR FAMILIARISATION TRAINING BY PART 62 FLIGHT INSTRUCTOR

## DETAILS OF PILOT

Surname and Initials		Licence number	
Telephone number		Cell phone number	
<b>SIGNATURE OF PILOT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	

## TRAINING DETAILS

Place				Date of training completion	
Name of ATO				ATO number	
Differences training			Familiarisation training		Flight time
Trained as	<b>Pilot</b>				
	<b>Pilot Instructor</b>				

## AIRCRAFT DETAILS

CCM		LSA		TMG		TAIL WHEEL	
Aircraft model					Registration		

### DETAILS OF THE PART 62 FLIGHT INSTRUCTOR

Surname and Initials		Licence number	
I confirm that the differences or familiarisation training was conducted in compliance with the SACATS 62 and that the pilot is competent to safely fly the aircraft stipulated above.			
<b>SIGNATURE OF INSTRUCTOR</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	