Form Number: RA GPL-01

Recreation Aviation Administration South Africa

Telephone number: 011 827 9330 *Fax Number:* 086 577 3526
Physical address: Hangar 50, , Hurricane Road, Rand Airport, Germiston
Postal address: PostNet Suite #118, Private Bag X1037, Germiston, 1400 *E-mail: info@raasa.co.za*

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE

Bank:	*Branch:*	*Branch Code:*	*Account Number:*
Standard Bank	**Alberton**	**012342**	**020615264**

APPLICATION FOR VALIDATION OF A FOREIGN GLIDER PILOT LICENCE

Requirements for Application

1. **Original Document: CA 62 GPL-01**
2. **Certified true copy of the pilot licence and rating to which the validation refers**
3. **Certified Copy of ID or Passport.**
4. **1x Passport Photo in colour**
5. **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**
6. **Original Document: Signed form of skills test by A or B grade instructor: Form CA 62GPL-05**
7. **Copy of exam results South African Air law.**
8. **Certified true copy of the radiotelephony certificate or certified proof that the applicant has passed a practical skill test with an approved radio licence examiner**
9. **Original or Certified copy of valid medical applicable to your category as per Part 67.**
10. **Proof of training/type rating in the category applying for i.e. Glider, Self launcher, Touring glider etc Endorsed by Instructor in Logbook.**
11. **Appropriate fees as per Part 187 & Proof of Payment**

Glider		**Touring Glider**							

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. Types of aircraft to be flown: …….....……..
11. Aviation Training Organization: .....……
12. Email address ……

Home address: ……
……
……..
…….....……

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

Telephone: ..... Cell no.: .....…….. Fax: …….....

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