



**Recreation Aviation Administration South Africa**

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DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE			
Bank: <b>Standard Bank</b>	Branch: <b>Alberton</b>	Branch Code: <b>012342</b>	Account Number: <b>020615264</b>

**APPLICATION FOR INITIAL OR REVALIDATION OF RECREATIONAL PILOT LICENCE**

**Requirements for Application**

**(Only use this application for an initial license or first validation after initial license lapses – not for renewals)**

1. Copy of Learners Licence/Certificate or Current foreign Licence
2. **Certified** copy of ID or Passport.
3. 1x Passport Photos in colour
4. Complete record of flying and summary of logbook with all types endorsed and hours flown in the last 12 months (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 (Practical flight test all categories)
6. Copy of exam results for students ( Air law in the case of a foreign validation)
7. Copy of Restricted Radiotelephony Certificate, (Proof of Language proficiency and practical radio skills test for foreign revalidation)
8. **Certified** copy of valid medical applicable to your category 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

**NB! \* All fields are Mandatory for completion**

INITIAL				REVALIDATION			
<b>WCM</b>		<b>CCM</b>		<b>LSA</b>		<b>GYRO</b>	<b>TMG</b>

1. \*Surname of applicant (Mr/Mrs/Miss) .....
2. \*First names .....
3. \*Identity Number .....
4. \*Licence No. .... Permanent resident in SA? **YES / NO**
5. \*Residential address.....  
Postal address (if different from above) ..... Code: .....
7. \*Telephone Number (day).....\*Cell No: ..... \* Email address .....
8. \*Flying experience :

Aircraft type	Date when last flown	Cross country flying hours		Total flying hours (including cross country and other)	
		Dual	Pilot	Dual	Pilot
<b>TOTALS</b>					
<b>GRAND TOTAL</b>					

9. \*Name of training organisation .....ATO No. ....
  10. \*Name of training instructor .....
  11. \*Instructor Licence Number .....
- \* Date.....

\* Signature of Applicant