SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Licencing**
Telephone number: **011-082-1000** *Fax Number:* **011-082-1020**
Physical address: **Hangar 50, Rand Airport, Hurricane Road, Germiston**
Postal address: **PostNet Suite #118, Private Bag, X1037, Germiston, 1400** *Website:* **www.caa.co.za**

Form Number: CA 62-15

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***
Fees: See CAR Part 187.00.10		

EXAMINATION AND PRACTICAL SKILL TEST REPORT FOR HANG AND PARAGLIDER PILOTS

Hang Gliding (HG)		Powered Hang Gliding (PHG/PHGT)	
Paragliding (PG)		Powered Paragliding (PPG/PPT/PPC)	

Initial issue		**Revalidation or renewal**	

A. CANDIDATE

Surname		**First names**	
Licence number		**Cell number**	

SIGNATURE OF CANDIDATE	**NAME IN BLOCK LETTERS**	**DATE**

B. TEST DETAILS

NB: This document must be signed by an appropriately rated Instructor or Safety Officers as applicable.

A minimum of 1 flight is required but may be more at the discretion of the Instructor or Safety Officer.
If the skills test is conducted on a tandem all other ratings are considered tested.

Good take-off	Excellent	Good	Average	Need practice
Landing ability	Excellent	Good	Average	Need practice
Consecutive 360 turns in both directions (thermalling, if possible)	Excellent	Good	Average	Need practice
Ridge soaring (if possible)	Excellent	Good	Average	Need practice
Good judgement for landing in a small landing space (spot landing)	Excellent	Good	Average	Need practice
Engine & power management (if applicable)	Excellent	Good	Average	Need practice

Instructors shall discuss with pilot and grade theoretical knowledge as follows:

Weather	Excellent	Good	Average	Need practice
Air Law	Excellent	Good	Average	Need practice
Turbulence control	Excellent	Good	Average	Need practice

Remedial action if any:

SIGNATURE OF EXAMINER	**NAME IN BLOCK LETTERS**	**DATE**