



Form Number: RA GPL-04

**Recreation Aviation Administration South Africa**

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

**APPLICATION FOR AN INITIAL OR REVALIDATION OF A  
GLIDER PILOT LICENCE (GPL)**

**Requirements for Application**

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

1. Certified copy of Student Licence/Certificate and Student training log
2. Complete record of flying training and summary of logbook with all types endorsed and hours flown. Endorsed by Instructor in Logbook.
3. Original signed skills test by instructor and applicant (Practical flight test all categories)
4. Copy of exam results for students including school. (Proof of results from the CFI or school)
5. Original yellow copy or certified copy of Class 4 medical.
6. Copy of Restricted Radiotelephony Certificate.
7. Appropriate fees as per Part 187 & Proof of Payment

**Notes**

1. A revalidation skill test shall be conducted within 12 months following the initial issue of the Glider Pilot Licence.
2. **This application form must be signed by the Club CFI**

| INITIAL      |                | REVALIDATION |                |
|--------------|----------------|--------------|----------------|
| Glider Pilot | Touring Glider | Glider Pilot | Touring Glider |
|              |                |              |                |

1. Surname of applicant (Mr/Mrs/Miss) .....
2. First names .....
3. Identity Number .....
4. Licence No. .... Permanent resident in SA? **YES / NO**
5. Postal address ..... Code: .....
6. Residential address ..... Code: .....
7. Telephone Number ..... 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 |
| TMG                |                      |                            |       |                                                        |       |
| GPL                |                      |                            |       |                                                        |       |
|                    |                      |                            |       |                                                        |       |
|                    |                      |                            |       |                                                        |       |
| <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