



Form Number: RA 24.1

Recreation Aviation Administration South Africa

Telephone number:

011 827 9330

Fax Number:

011 824 3517

Physical address:

Aero club building, Hangar 4, 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:

Standard Bank

Branch:

Alberton

Branch Code:

012342

Account Number:

020615264

ANNUAL INSPECTION NOTIFICATION FOR WCM, CCM, LSA, AMATEUR BUILT NON CERTIFIED PRODUCTION BUILT AND KIT BUILT AIRCRAFT

Requirements for application

NB. Refer to top of document RA 24.2 for all the requirements to apply for an ATF renewal.

AIRCRAFT OWNERS DETAILS

| | | | |
|-------------------|-------------|-------------|--|
| Name of Applicant | | | |
| Postal address | | | |
| | Postal code | | |
| Telephone number | | Cell number | |
| Email address | | | |
| Facsimile number | | | |

AIRCRAFT DETAILS

| WCM | CCM | GYR | LSA | OTHER |
|-------------------------|-----|-----|--------------|-------|
| Registration | | | Manufacturer | |
| Model | | | Serial No. | |
| No of seats | | | Total hours | |
| Fuselage cover material | | | | |

ENGINE DETAILS

| | | | |
|--------------|--|-------------|--|
| Manufacturer | | Total hours | |
| Model | | Serial No. | |

PROPELLER DETAILS

| | | | |
|--------------|--|-------------|--|
| Manufacturer | | Total hours | |
| Model | | Serial No. | |

WING DETAILS (as applicable)

| | | | |
|-------------------|--|-------------|--|
| Manufacturer | | Total hours | |
| Cover material | | Serial No. | |
| Fuselage covering | | | |

| | | | |
|-------------------------|--|---------------------|--|
| Name of approved person | | Approved person No. | |
|-------------------------|--|---------------------|--|

| | | | |
|----------------------------------|--|--|--|
| Email address of approved person | | | |
|----------------------------------|--|--|--|

| | | | |
|------------------------------------|--|--|--|
| Date of expiry of Authority to fly | | | |
|------------------------------------|--|--|--|

| | | | |
|---------------------|--|--|--|
| Date of last flight | | | |
|---------------------|--|--|--|

| | | | |
|---|--|--|--|
| Hours by which the annual inspections was over flown by (if applicable) | | | |
|---|--|--|--|

| | | |
|--|-----|----|
| Placards and data plates fitted in accordance with Part 24 | YES | NO |
| All modifications have been approved by the Commissioner | YES | NO |
| Approved flight manual available | YES | NO |
| Mass and Balance – available and in date (within last 5 years) | YES | NO |
| Equipment list available | YES | NO |
| Valid radio station licence | YES | NO |

An annual inspection of the aircraft was made on and the aircraft is serviceable and the requirements of Part 24 have been complied with and certified in the logbook to be in an airworthy condition.

I certify, to the best of my knowledge, that all data contained in this notification is correct and that the abovementioned aircraft complies in all respects with the applicable requirements of Part 24. I further confirm that the logbook accurately reflects the flying hours and required maintenance history of the aircraft.

| | | |
|------------------------------|------|----------|
| SIGNATURE OF APPROVED PERSON | DATE | AP STAMP |
|------------------------------|------|----------|