



PLI PAYMENT METHOD

Please complete the form in BLOCK CAPITALS using black or dark blue ink.

Note: For cross-reference purposes, please annotate this form with the relevant SR form number and title of your associated application form.

SR\ Title:.....

1. PERSONAL DETAILS									
SCAA Aviation reference number (if known)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Surname	Forename(s)								
Title	Date of birth (dd/mm/yyyy)								

2. PAYMENT METHODS												
<p>All fees must be paid in advance, failure to do so will delay your application.</p> <p>The fees for licences, associated ratings and assessments are contained in the latest Scheme of Charges. This is available on our web site - www.scaa.sc . Follow the links to Safety Regulation then Legislation & Publications.</p> <p>Option 1</p> <p>SELF</p> <table style="width: 100%;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Cash</td> <td style="width: 85%;">Name and address of correspondence</td> </tr> <tr> <td><input type="checkbox"/> Invoice</td> <td>.....</td> </tr> <tr> <td></td> <td>.....</td> </tr> </table> <p>Option 2</p> <p>OPERATOR</p> <table style="width: 100%;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Cash</td> <td style="width: 85%;">Name and address of Operator.....</td> </tr> <tr> <td><input type="checkbox"/> Invoice</td> <td>.....</td> </tr> <tr> <td></td> <td>.....</td> </tr> </table>	<input type="checkbox"/> Cash	Name and address of correspondence	<input type="checkbox"/> Invoice	<input type="checkbox"/> Cash	Name and address of Operator.....	<input type="checkbox"/> Invoice
<input type="checkbox"/> Cash	Name and address of correspondence											
<input type="checkbox"/> Invoice											
											
<input type="checkbox"/> Cash	Name and address of Operator.....											
<input type="checkbox"/> Invoice											
											

OPERATOR'S DECLARATION
<p>I declare that the fees for the above application will be paid by</p> <p>Signature Date</p>

3. SCAA USE		
Date		Enclosures
Invoice No.		