SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division **Supply Chain Management** Form Number: CA 183-515

REQUEST FOR QUOTES (RFQ)

Description of Goods/ Service required	Class 1 Medical Assessments for Trainee Flight Inspector
SPECIFICATIONS/ DESCRIPTION	
ITEM/ SERVICE	**QUANTITY**
Class 1 Medical Assessments for 2 Candidates	2 Candidates
GENERAL/ COMMENTS:	
We prefer service providers around the Midrand area.	
Budget:	**Cost Centre Code: 030300**

SIGNATURE OF LEAN NELSON	**NAME IN BLOCK LETTERS**	**DATE**