



Section/division **AIRWORTHINESS ENGINEERING**
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Form Number: **CA 147-02**
 Fax Number: **011-545-1462**
 Website: **www.caa.co.za**

Prospective Operator's Pre-assessment Statement (POPS)

(To be completed by Design Organisation)

Section 1A TO BE COMPLETED BY ALL APPLICANT

1.	Name of the company (include business name if different from company name)	
2.	Mailing address of company	

	Postal code	
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3.	Address of the principal (main) base where operations will be conducted, include address of secondary base of operation; if appropriate (do not use a post office box).
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	Postal code	
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4.	Proposed Start-up Date	
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5.	Requested company identifier in order of preference
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5.1	
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5.2	
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5.3	
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6.	Management and Key Staff Personnel
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Name (Surname) (First Name/s)	Title	Telephone & address if different from company (Include country code)

Section 1B (Tick appropriate box)

1.		Design Organisation Approval
		Products
		Parts and Appliances

Appendix 1

Section 1C.	TO BE COMPLETED BY ALL APPLICANTS		
1.	Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary)		
2.	Proposed Training		
3.	The statement and information contained on this form denotes intent to apply for a SACAA certificate.		
4.	Type of Organisation		
SIGNATURE		NAME AND TITLE	DATE
Section 2. To be completed by the SACAA Certification Engineer Only			
Received by (Name)		Date received	
Pre-application Number		FOR <i>(Please tick where applicable)</i>	Action <input type="checkbox"/>
			Information only <input type="checkbox"/>
Remarks			