SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division Flight Operations Department Part 101 Aerial Work

Form Number: CA 101-02

PART 101 LETTER OF INTENT FOR ROC

1.	**PARTICULARS OF THE APPLICANT**				
1.1.	Full name				
1.2.	Trade name (if applicable)				
1.3.	Telephone		1.4.	Cellular phone	
1.5.	E-mail address				

2.	**TYPE OF INTENDED OPERATION**								
2.1.	Commercial		2.2.	Corporate		2.3.	Non-profit		
Base of operations									
RPAS to be operated									

3.	**Please provide brief description of the intended operations**	
SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**
Capacity of signatory		