



Section/division: Flight Operations Department Part 101 Aerial Work  
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 Postal address: Private Bag X73, Halfway House 1685 Website: [www.caa.co.za](http://www.caa.co.za)

Form Number: CA 101-03

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE	
Bank: Standard Bank of SA Ltd	Branch: Brooklyn, Pretoria Branch Code: 011245 Account Number: 013007971
COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)	
Service/transaction	Over the counter payments EFT, Internet, Wire, Electronic payments
Fees: See CAR Part 187.00.10	

## PART 101 APPLICATION FOR ISSUE or RENEWAL OF THE UNMANNED AIRCRAFT SYSTEM OPERATORS CERTIFICATE (UASOC)

<b>NOTES:</b>									
(i) This application must be signed by:									
(a) the holder of the air service licence, if a natural person;									
(b) each partner, if the application / notification is on behalf of a partnership; or									
(c) the officer(s) duly authorised to execute documents on its behalf, if the applicant / holder of an air service licence is a company, closed corporation or organisation, and must be accompanied by a certified true copy of the relevant authorising resolution.									
(d) for corporate and non-profit operations, the Air Service Licence is not a requirement.									
(ii) Where the required information cannot be furnished in the space provided on this form, the information must be submitted as a separate memorandum and attached hereto.									
(iii) All available space provided for answers on this form must be completed, if the space is not applicable, indicate with N/A.									
(iv) The CAA reserves the right to not process the application at the operator's cost if all information is not provided and is not true and correct.									
(v) All fields must be completed or crossed out unless otherwise specified.									
(vi) Please allow a minimum of 7 days to process the application.									
<b>1. PARTICULARS REGARDING THE APPLICANT</b>									
FULL NAME OF OPERATOR									
TRADE NAME (if any)									
PHYSICAL ADDRESS									
					POSTAL CODE				
CONTACT NUMBER									
E- MAIL									
<b>2. LICENCE PARTICULARS (Tick applicable box)</b>									
PART		101							
ASL NUMBER									
ASL CLASS									
AIRCRAFT CATEGORY		A4	H1	H2					
TYPES OF AIR SERVICE		G1	G2	G3	G4	G5	G6	G7	G8
		G9	G10	G11	G12	G13	G14	G15	G16
<b>3. APPLICATION PARTICULARS</b>									
Mark the appropriate block:									
<input type="checkbox"/> APPLICATION FOR THE INITIAL ISSUE OF A UAS OPERATORS CERTIFICATE									
<input type="checkbox"/> APPLICATION FOR THE RENEWAL OF A UAS OPERATORS CERTIFICATE									
<b>A. UAS TO BE ADDED TO THE UAS OPERATORS CERTIFICATE</b>									
No.	Registration		Category (A4, H1, H2)	Class	Make/Model				Fee
1.	ZT								R
2.	ZT								R
3.	ZT								R
4.	ZT								R
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5.	ZT					R
6.	ZT					R
7.	ZT					R
8.	ZT					R
<b>AIRCRAFT FEE</b>						<b>Total (1)</b> R
<b>UAS OPERATORS CERTIFICATE FEE (Initial &amp; Renewal)</b>						<b>Total (2)</b> R
<b>OPERATIONS MANUAL APPROVAL FEE (Initial)</b>						<b>Total (3)</b> R
						<b>TOTAL</b> <b>(1)+(2)+(3)</b> R
<b>B. REMOVAL OF UAS FROM THE UAS OPERATORS CERTIFICATE</b>						
					<b>YES</b>	<b>N/A</b>
<b>No.</b>	<b>Registration</b>	<b>Make/Model</b>				<b>Fee</b>
1.	ZT					R
2.	ZT					R
3.	ZT					R
4.	ZT					R
<b>REMOVAL OF AIRCRAFT FEE</b>					<b>TOTAL</b>	R
<b>C. PROOF OF PAYMENT ATTACHED</b>						
					<b>YES</b>	<b>N/A</b>
<b>GRAND TOTAL (A+B)</b>						R
<b>4. AIRCRAFT DOCUMENTATION</b>						
The following aircraft documentation in respect of each aircraft required to be included on/added to the UAS Operators Certificate as indicated above is valid ( <i>Tick where applicable</i> ):						
<b>DOCUMENTATION (Please attach below documents with application)</b>					<b>YES</b>	<b>NO</b>
1.	Radio Station Licence					
2.	Certificate of Registration					
3.	UAS Letter of Approval (UASLA)					
4.	Insurance					
5.	Air Service License (If applicable)					
6.	Latest Ops Spec (in case of renewal)					
Please note that if any of the above is not in place, the application will not be accepted/processed						
<b>5. UAS OPERATIONS MANUAL &amp; AMP STATUS (APPLICABLE TO EXISTING UASOC's)</b>						
	<b>SACAA approved UASOC Documents (OM &amp; AMP)</b>			<b>Revision Date</b>	<b>Revision Number</b>	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
<b>6. DECLARATION – SIGNATORY</b>						
<b>For initial application:</b>						
*I/we hereby declare that *I/We are in possession of an Air Service Licence						
*I/We may not operate the air service concerned contrary to the relevant manuals to be approved by the Authority and any provisions of the Air Services Licensing Act, 1990 (Act No. 115 of 1990), the Aviation Act, 1962 (Act No. 74 of 1962) and the Civil Aviation Offences Act, 1972 (Act No. 10 of 1972).						
<b>For corporate and non-profit organisation:</b>						
*I/We hereby declare that we may not operate the operating Certificate concerned contrary to the relevant manuals to be approved by the Authority and any provisions of the Air Services Licensing Act, 1990 (Act No. 115 of 1990), the Aviation Act, 1962 (Act No. 74 of 1962) and the Civil Aviation Offences Act, 1972 (Act No. 10 of 1972).						
<b>For approved certificate holder:</b>						
*I/We hereby declare that *I/We are in possession of an approved operations manual, that is up to date and that *I/We may not operate						
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the air service concerned contrary to the relevant approved manuals and any provisions of the Air Services Licensing Act, 1990 (Act No. 115 of 1990), the Aviation Act, 1962 (Act No. 74 of 1962) and the Civil Aviation Offences Act, 1972 (Act No. 10 of 1972).

**NAMES, SIGNATURES AND CAPACITIES OF OPERATOR'S REPRESENTATIVES**

<b>SIGNATURE AND CAPACITY</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>
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**COMMISSIONER OF OATHS**

I certify that the deponent(s) has / have acknowledged that he / she knows, and understand / they know and understand the contents of this statement, which was signed and affirmed / sworn to before me at

*PLACE* on *DATE*

Full Name	
Business Address	
Capacity	
Area	

<b>SIGNATURE OF COMMISSIONER OF OATHS</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>

COMMISSIONER OF OATHS STAMP