

PART 101 PROSPECTIVE RPAS PRE-ASSESSMENT STATEMENT (POPS)

<i>To be completed by RPAS Operator</i>	All applicants to complete Items 1-8																								
PART 1 GENERAL																									
1.	<p>Legal name (company) and Trade Name <i>(business name if different from company name).</i></p> <hr/> <p>Physical 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).</p> <hr/> <hr/> <hr/> <hr/> <p>Physical address of the principal (main) base where MAINTENANCE will be conducted, include address of secondary base of operation, if appropriate (do not use a post office box).</p> <hr/> <hr/> <hr/> <hr/> <p>Organisation Contact Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Tel number</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Email Address</td> <td style="padding: 2px;"></td> </tr> </table>	Tel number		Email Address																					
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2.	<p>Proposed Start of Operations Date</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>M</td> <td>M</td> <td>D</td> <td>D</td> <td></td> <td></td> </tr> </table>											Y	Y	Y	Y	M	M	D	D						
Y	Y	Y	Y	M	M	D	D																		
3.	<p>Existing ROC Number or ASL Number if applicable:</p> <hr/>																								
4.	<p>Management Personnel - Required by the ACT and Part 101 CAA Regulations: the full name and surname, qualifications and experience of each of the following officials:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; padding: 5px;">Post Holder</th> <th style="width: 35%; padding: 5px;">Name & Surname</th> <th style="width: 20%; padding: 5px;">Qualification</th> <th style="width: 20%; padding: 5px;">Experience</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Accountable Manager</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Qualifications & Experience</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Responsible Person Flight Operations</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Responsible Person Aircraft</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Safety Manager</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Post Holder	Name & Surname	Qualification	Experience	Accountable Manager				Qualifications & Experience				Responsible Person Flight Operations				Responsible Person Aircraft				Safety Manager			
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5.	Other Key Management Personnel - In addition to the required management and technical positions, we request that you identify other key personnel (Quality Manger, Security Manager, etc)								
	Position		Name & Surname			Qualification		Experience	
6.	PROPOSED TYPE To be completed by applicant: (New Organisation, or Existing Certificate Holder requesting Amendment)								
	<ul style="list-style-type: none"> Type of Certificate and Kinds of Operation: (Check appropriate box to indicate type of Certificate and kinds of Operation or requested amendment) 								
	Aeroplane		Helicopter		Multi-Rotor		VTOL		
	<ul style="list-style-type: none"> Complex Operations 								
	Line of Sight		Beyond Visual Line of Sight		Night Operations		Above 400Ft		
	Controlled Airspace		Restricted/Prohibited Airspace		Dangerous Goods				
	<ul style="list-style-type: none"> Other Specify 								
7.	<ul style="list-style-type: none"> Other Operational Issues: Indicate applicable issues affecting new application or requests for amendment(s) to current operations. 								
	a. Special issues:								
	b.	RPAS		List all the RPAS to be operated under the ROC					
		RPAS Class	Registration	Manufacturer and Model				MTOW (kg)	
			ZT -						kg
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		ZT -						kg	
		ZT -						kg	
c. Maintenance performed by: (check one)		Applicant		Contractor					
Type of Ownership: (Check one)									
d. Sole Proprietorship		Partnership		Propriety Limited (Pty)					
Public Company		Non-Profit							
e. Citizenship of Owner:									
f. Applicant Accountable Manager: (Last, First, Initial)									
Contact Number									
g. Geographic area of operations:									

**PART 2
APPLICANT READINESS**

8.	OPERATION <i>New entrant applicants and existing organisations proposing changes affecting the following areas should complete this section.</i>		
	AREA	Name	Location
	Training Facilities: <i>(e.g., simulators ground training, training devices, etc.)</i>		
	Contract Training: <i>(e.g., crew-member, ground, maintenance, etc.)</i>		
	Training Records: <i>(e.g., crew-member, dispatch, maintenance, etc.)</i>		
	Crewmember/dispatch records:		
	Type of Maintenance performed: <i>(Principal Maintenance Base)</i>		
	Type of Contract Maintenance:		
	Satellite stations:		

**PART 3
MANUALS**

To expedite the process, manuals could be submitted in electronic format.

10.	Identify any manuals to be written other than by the applicant:	
	Manual Title (manual number if applicable)	Author

PART 4

11. APPLICANT INTENTIONS: COMPANY EXECUTIVE OR AUTHORIZED PERSON

*The statements and information contained on this form indicate intent to apply for CAA certification.
To be completed by the Accountable Manager (i.e. CEO).*

Legal name (company) and Trade Name (business name if different from company name):

I understand that the named company must be able to comply with the South African Aviation Legislation, South African Civil Aviation Regulations (SACAR) and the international standards pertaining to the operation of aircraft as published in relevant ANNEXES to the convention on International Civil Aviation Organisation (ICAO) with respect to all matters regulating the issuance of a RPAS Operating Certificate. I further understand that the above named company shall not commence operation until it is in possession of a RPAS Operating Certificate (ROC) and to conduct Commercial Operations under SACAA regulations, an operator must be a citizen as defined in South African Aviation Legislation. *(Signature to certify understanding)*

SIGNATURE OF COMPANY EXECUTIVE OR AUTHORISED PERSON OF OPERATOR	NAME IN BLOCK LETTERS	DATE

Name and Title of Company Executive: *(Please Print)*

**PART 4
TO BE COMPLETED BY CAA**

Received by CAA on									Remarks:
	Y	Y	Y	Y	M	M	D	D	
Coordinated with UAS									
	Y	Y	Y	Y	M	M	D	D	

SIGNATURE OF INSPECTOR	NAME IN BLOCK LETTERS	DATE

See last page for instructions and pick lists

NOTICE:

The Authority, (SACAA), will not undertake a quality assurance role with regard to any form or document submitted in application for a service. Documentation that contains errors or does not meet regulatory requirements will be returned for correction.

Delays thus incurred are the sole responsibility of the applicant.