

Section/division: Telephone number:

FLIGHT OPERATIONS DEPARTMENT

Fax Number:

Form Number: CA 101-19 011-545-1350

Physical address:

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

011-545-1000

Website: www.caa.co.za Postal address: Private Bag X73, Halfway House 1685 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) EFT, Internet, Wire, Electronic payments Service/transaction Over the counter payments Fees: See CAR Part 187.00.10

PART 101 APPLICATION FOR AMENDMENT OF or NOTIFICATION OF **CHANGES TO THE UNMANNED AIRCRAFT SYSTEM OPERATORS CERTIFICATE (UASOC)**

NO	ı	ᆮ	J	
<i>(</i> 1)		_		

- (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.
- (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	(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.										
	ease allow a minimum of 7 days									
1. PA	ARTICULARS REGARDI	NG THE API	PLICANT							
FULL	NAME OF OPERATOR									
TRAD	E NAME (if any)									
PHYS	ICAL ADDRESS									
								POSTAL	CODE	
TELE	PHONE NUMBER									
E-MA	L									
2. LI	CENCE PARTICULARS	(Tick applicable	box)							
PART		10)1							
LICEN	ICE NUMBER(S)									
CLAS	S									
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	
3. Al	PPLICATION PARTICUL	ARS								
Mark the appropriate block:										
APPLICATION FOR ADDITION OF NEW MAKE/MODEL UAS TO OPS SPEC										
APPLICATION FOR ADDITION OF EXISTING MAKE/MODEL UAS TO OPS SPEC										
APPLICATION FOR REMOVAL OF UAS FROM OPS SPEC										
APPLICATION FOR ADDITIONAL OPS SPEC APPROVALS										
APPLICATION FOR AMMENDMENTS OF UAS OPERATIONS MANUAL										
THE NOTIFICATION OF CHANGES TO THE UAS OPERATORS CERTIFICATE – (Post Holder Changes, Change of										
Address etc.)										
	Post Holder change to include: Letter detailing change, Proposed Post Holders CV, relevant qualification and signed responsibilities)									
	responsibilities) 2. Change of address to include: Letter detailing change.									
	2. Sharige of address to morade. Letter detailing change.									

CA 101-19	01 November 2023	Page 1 of 4

A. U	AS TO	BE ADDED TO	THE RPAS O	PERATOR	RS CERTIF	ICATE	
No.	Regis	stration	Category (A4, H1, H2)	UAS Class	MTOW (kg)	Make/Model	Fee
1.	ZT						R
2.	ZT						R
3.	ZT						R
4.	ZT						R
5.	ZT						R
6.	ZT						R
7.	ZT						R
8.	ZT						R
ADDI	TION O	F AIRCRAFT F	EE		ı	Total (1)	R
B. R	EMOV	AL OF UAS FRO	OM THE UAS	OPERAT	ORS CERT	TFICATE	
No.	1	egistration				Make/Model	Fee
1.	ZT						R
2.	ZT						R
3.	ZT						R
4.	ZT						R
REMO	DVAL O	F AIRCRAFT F	EE			Total (2)	R
						, ,	
C. A		NAL OPS SPEC		S REQUIF	RED (<i>Pleas</i>	e state the additional approvals required to be	listed on the
D. N						ate all proposed changes to the UASOC. If app - Post Holder Change & Change of Address)	olicable, please
F. U	AS OPF	RATIONS MAN	NUAL AMEND	MENTS A	TTACHED	(applicable OM amendments are required to b	ne for approval by
						lemented – ENTIRE MANUAL IN PDF)	
							Fee
Numb	er of p	ages submitted	d				R
						Total (3)	R

CA 101-19	01 November 2023	Page 2 of 4

F. F	ROOF OF PAYMENT ATTACHED		YES	N/A		
Grand Total (1) + (2) + (3) R						
4. <i>A</i>	AIRCRAFT DOCUMENTATION (Pleas	e attach documentation)				
		ect of each aircraft required to be included on/ad	ded to the UAS Ope	erators Certificate as		
	ted above is valid (Tick where applicate	ble):	VE0.	NO		
	JMENTATION		YES	NO		
1.	Radio Station Licence					
2.	Certificate of Registration					
3.	UAS Letter of Approval (UASLA)					
4.	3rd Party Liability Insurance					
5.	Copy of Air Service License					
6.	Latest Ops Spec					
Pleas	e note that if any of the above is not in	place, the application will not be accepted/proce	essed			
5 D	ECLARATION – SIGNATORY					
		ession of an approved operations manual, that is	un to date and that	*I/We may not		
		the relevant approved manuals and any provisi				
1990	(Act No. 115 of 1990), the Aviations Ac	ct, 1962 (Act No. 74 of 1962) and the Civil Aviation				
1972)	•					
	NAMES SIGNATUR	RES AND CAPACITIES OF OPERATOR'S REP	RESENTATIVES			
	TAMES, SIGNATOR	REGARD GALAGINES OF OF ENATOR OREI	RECEIVIATIVEO			
	SIGNATURE AND CAPACITY	NAME IN BLOCK LETTERS	DA	 TC		
	SIGNATURE AND CAFACITY	NAME IN BEOCK LETTERS	UA.	\		
	CIONATURE AND CARACITY	NAME IN DI CON LETTERS	DA			
	SIGNATURE AND CAPACITY	NAME IN BLOCK LETTERS	DA	(IE		
	OLOMATURE AND A COLOM	NAME IN DIRECT TOTAL				
	SIGNATURE AND CAPACITY	NAME IN BLOCK LETTERS	DA	AIE .		

COMMISSIONER OF OA	COMMISSIONER OF OATHS					
				d / they know and understand the contents		
of this statement, which w		on	DATE			
Full Name		OII	DATE			
Business Address						
Capacity						
Area						
71100						
SIGNATURE OF COMM OATHS	IISSIONER OF		NAME IN BLOCK LETTERS	DATE		
		CC	OMMISSIONER OF OATHS STAMP			