



Section/division **FLIGHT OPERATIONS DEPARTMENT**  
 Telephone number: **011-545-1000**  
 Physical address **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**  
 Postal address: **Private Bag X73, Halfway House 1685** Website: [www.caa.co.za](http://www.caa.co.za)

Form Number: CA 101-30  
 Fax Number: 011-545 1350

## APPLICATION FOR RPAS OPERATIONS AT PUBLIC EVENTS

<b>Notes:</b>								
<ul style="list-style-type: none"> <li>Submit this completed form to the SACAA for approval, with a completed risk assessment and supporting documentation required, as per paragraph 6, 7 and 8.</li> <li>Approval, when given, is done on the facts submitted and the declaration made.</li> <li>Applications must be submitted at least 5 working days prior to proposed operations</li> <li>Ensure that a copy of the approved application is in the operator's possession during the operation</li> <li>Should it be deemed necessary, an authorised inspector shall be on site during operations</li> </ul>								
<b>1. OPERATOR:</b>				ROC Number				
Name				Telephone Number				
Contact Person				Email				
<b>2. DATE OF INTENDED OPERATION</b>				(dd/mm/yyyy)				
<b>3. REMOTELY PILOTS AIRCRAFT SYSTEMS TO BE FLOWN:</b>								
3.1. Type				Registration:	ZT-			
3.2. Type				Registration:	ZT-			
3.3. Type				Registration:	ZT-			
<b>4. PILOT IN COMMAND:</b>								
4.1. Name				License number				
4.2. Name				License number				
4.3. Name				License number				
<b>5. FLIGHT DETAIL:</b>								
Commercial	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Non-profit	<input type="checkbox"/>	Proposed time of operations		
Reason for flight								
Number of flights to be conducted per RPAS	ZT-	<input type="checkbox"/>	ZT-	<input type="checkbox"/>	ZT-	<input type="checkbox"/>		
<b>6. OPERATING AREA:</b>								
6.1. Location:	(Name / Latitude and Longitude)							
6.2. The pilot has inspected or fully familiarized himself with the operating area:	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>				
<b>NB:</b> Confirm that a plan view drawing/ clear Google earth printout/ photo of the operating area indicating the following has been prepared by the operator/pilot: (1) Position in relation to buildings and structures, (2) Size, (3) Any telephone/high tension wires or (4) Other obstructions within 50m of the operating area								
<b>7. FLIGHT PATH:</b>								
Confirm that:	1. The flight will be conducted in accordance with Part 101 regulations				<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	2. The flight path will at all times be at least 50m, laterally, away from any open-air assembly of people and no RPA will be flown directly overhead any persons not in the control of the operator or part of the operation of the RPA.				<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

8. THIRD PARTY INTERESTS:						
Confirm that:	1. Measures are in place for crowd control.				YES	NO
	2. Written permission obtained from landowner(s).				YES	NO
	3. Permission has been obtained from CAMU and/or the relevant ATSU, if applicable		N/A		YES	NO
	Other aircraft operators, in the vicinity of the operating area, are aware of the RPAS operations taking place				YES	NO
9. DECLARATION						
I, the undersigned,		<i>(Name of Declarant)</i>			in my capacity as	
<i>(Job title)</i>		of	<i>(Company)</i>			
<ul style="list-style-type: none"> <li>I hereby confirm that the above-mentioned information is true and correct;</li> <li>I make this application to the Director of Civil Aviation, on the information supplied, in terms of the Civil Aviation Regulations Part 101 for the approval of this flight.</li> <li>I further confirm full compliance with the approved Operations Manual of</li> </ul>						
<i>(Company Name)</i>						
for the duration of the operation.						
<b>SIGNATURE OF APPLICANT</b>		<b>NAME IN BLOCK LETTERS</b>		<b>DATE</b>		
<b>FOR OFFICE USE</b>						
<b>APPROVED</b>		<b>NOT APPROVED</b>				
<b>SIGNATURE OF FLIGHT OPERATIONS INSPECTOR</b>		<b>NAME IN BLOCK LETTERS</b>		<b>DATE</b>		
<b>COMMENTS BY APPROVING FLIGHT OPERATIONS INSPECTOR:</b>			<i>(APPROVED/NOT APPROVED STAMP)</i>			