



Section/division: UNMANNED AIRCRAFT SYSTEMS
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Form Number: CA 101-16
 Email: rpasinbox@caa.co.za
 Website: www.caa.co.za

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	

APPLICATION FOR RPAS FLIGHT AUTHORIZATION

Please mark the appropriate block	
<input type="checkbox"/>	Application for the issue of a RPAS Flight Authorization
<input type="checkbox"/>	Application for the amendment of a RPAS Flight Authorization
NOTES: * Please delete if not applicable.	
(i) The original application must be submitted to the Director of Civil Aviation.	
(ii) Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.	
AIRCRAFT REGISTRATION MARKS	Z -
1. PARTICULARS REGARDING THE OWNER / OPERATOR	
1.1	Full name
1.2	Full business / residential address
1.3	Postal address
	Postal Code
1.4	Telephone number
1.5	Fax number
1.6	Details of organization/person to be contacted for further information concerning this application:
	Name
	Position
	Postal address
	Postal code
	Telephone number
	Fax number
2. PARTICULARS REGARDING THE RPA	
2.1	Manufacturer
2.1	Model designation
2.3	Constructor's serial number
2.4	Place of manufacture
2.5	Date of manufacture
2.6	Location of aircraft
2.7	RPAS maintenance organisation (if applicable)
3. PARTICULARS REGARDING THE PURPOSE OF THE FLIGHT	
3.1	Reason(s) why special authorization is required
3.2	Proposed itinerary
3.3	Names of proposed flight crew (essential crew only)

3.4	Proposed operating limitations				
3.5	The aircraft has been determined to be safe for flight by		<i>(Name of Pilot/RMT/AMO)</i>		
4.	OTHER DETAILS REQUIRED FROM APPLICANT FOR ISSUE OF AUTHORIZATION				
4.1	Crew required operating aircraft and its equipment (e.g. pilot, observer, etc.):				
4.2	Restrictions considered necessary by the applicant for safe operation of the RPA:				
Note: If space provided is not sufficient, kindly use attachments for items above.					
	SIGNATURE OF RPA Pilot / RMT / ORGANISATION	NAME IN BLOCK LETTERS	DATE		
	RMT LICENCE NUMBER (if applicable)				
5.	DECLARATION:				
	I hereby declare that I am the registered owner / owner's agent and to the best of my knowledge and belief, the particulars contained in this application are accurate in every respect and show compliance with the regulations in Part 101 of the Civil Aviation Regulations 2011, as amended. I am satisfied that the RPA described above can be operated safely for the intended flight.				
	SIGNATURE OF OWNER OR AGENT	NAME IN BLOCK LETTERS	DATE		
FOR OFFICIAL USE ONLY					
Authorization checklist		YES	NO	N/A	Note No
Invoice (hourly rate) included into Safety Assessment?					
Confirm if aircraft is declared safe for the intended flight.					
Authorization Number Issued (As per data base)					
Demonstration Flight – Safety Assessment					
Inspector's comments:					
AUTHORIZATION RECOMMENDED FOR ISSUE			NOT RECOMMENDED FOR ISSUE		
	SIGNATURE OF UAS OFFICER	NAME IN BLOCK LETTERS	DATE		