



Section/division Flight Operations Department Part 101 Aerial Work
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Form Number: CA 101-18
 Fax Number: 011-545 1350

PART 101 APPLICATION FOR RPAS OPERATIONS AT PUBLIC EVENTS

Notes:							
<ul style="list-style-type: none"> 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. Approval, when given, is done on the facts submitted and the declaration made. Applications must be submitted at least 5 working days prior to proposed operations Ensure that a copy of the approved application is in the operator's possession during the operation Should it be deemed necessary, an authorised inspector shall be on site during operations 							
1. OPERATOR:				ROC Number			
Name				Telephone Number			
Contact Person				Email			
2. DATE OF INTENDED OPERATION							
3. REMOTELY PILOTED AIRCRAFT SYSTEMS TO BE FLOWN:							
3.1. Type				Registration: ZT-			
3.2. Type				Registration: ZT-			
3.3. Type				Registration: ZT-			
4. PILOT IN COMMAND:							
4.1. Name				License number			
4.2. Name				License number			
4.3. Name				License number			
5. FLIGHT DETAIL:							
Commercial	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Non-profit	<input type="checkbox"/>	Proposed time of operations	
Reason for flight							
6. OPERATING AREA:							
6.1. Location:	(Name / Latitude and Longitude)						
6.2. The pilot has inspected or fully familiarized himself with the operating area:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
NB: 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							
7. FLIGHT PATH:							
Confirm that:	1. The flight will be conducted in accordance with Part 101 regulations			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	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.			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

8. THIRD PARTY INTERESTS:				
Confirm that:	1. Measures are in place for crowd control.	YES		NO
	2. Written permission obtained from relevant landowner/event organiser	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"> • I hereby confirm that the above-mentioned information is true and correct; • 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. • I further confirm full compliance with the approved Operations Manual of 				
<i>(Company Name)</i>				
for the duration of the operation.				
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS		DATE	
FOR OFFICE USE				
APPROVED		NOT APPROVED		
SIGNATURE OF FLIGHT OPERATIONS INSPECTOR	NAME IN BLOCK LETTERS		DATE	
COMMENTS BY APPROVING FLIGHT OPERATIONS INSPECTOR:		<i>(APPROVED/NOT APPROVED STAMP)</i>		