



Table with bank account details for payment of prescribed fee, including bank name (Standard Bank of SA Ltd), branch (Brooklyn, Pretoria), and account number (013007971).

PART 101 APPLICATION FOR AMENDMENT OF or NOTIFICATION OF CHANGES TO THE REMOTELY PILOTED AIRCRAFT SYSTEM OPERATORS CERTIFICATE (ROC)

- NOTES:
(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...
(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 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.
(vi) Please allow a minimum of 7 days to process the application.

1. PARTICULARS REGARDING THE APPLICANT
FULL NAME OF OPERATOR
TRADE NAME (if any)
PHYSICAL ADDRESS
POSTAL CODE
TELEPHONE NUMBER
E-MAIL

2. LICENCE PARTICULARS (Tick applicable box)
Table with columns for PART (101), LICENCE NUMBER(S), CLASS, AIRCRAFT CATEGORY (A4, H1, H2), and TYPES OF AIR SERVICE (G1-G16).

3. APPLICATION PARTICULARS
Mark the appropriate block:
APPLICATION FOR ADDITION OF NEW MAKE/MODEL/SERIES RPAS
APPLICATION FOR EXISTING MAKE/MODEL/SERIES RPAS
APPLICATION FOR REMOVAL OF RPAS
APPLICATION FOR ADDITIONAL APPROVALS
APPLICATION FOR AMMENDMENTS OF RPAS OPERATORS MANUAL
THE NOTIFICATION OF CHANGES TO THE RPAS OPERATORS CERTIFICATE - (Post Holder Changes, Change of Address etc.)

A. RPAS TO BE ADDED TO THE RPAS OPERATORS CERTIFICATE						
No.	Registration	Category (A4, H1, H2)	RPAS 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
ADDITION OF AIRCRAFT FEE						Total (1) R
B. REMOVAL OF RPAS FROM THE RPAS OPERATORS CERTIFICATE						
No.	Registration	Category	Make/Model			Fee
1.	ZT					R
2.	ZT					R
3.	ZT					R
4.	ZT					R
REMOVAL OF AIRCRAFT FEE						Total (2) R
C. ADDITIONAL APPROVALS REQUIRED <i>(Please state the additional approvals required to be listed on the Operations Specifications)</i>						
D. NOTIFICATION OF CHANGES TO THE ROC <i>(Please state all proposed changes to the ROC. If applicable, please submit a separate memorandum attached hereto – Post Holder Change & Change of Address)</i>						
E. RPAS OPERATIONS MANUAL AMENDMENTS ATTACHED <i>(applicable OM amendments are required to be submitted, in duplicate, for approval by the Director before proposed changes can be implemented)</i>						
Number of pages submitted						Fee
						R
Total (3)						R

F. PROOF OF PAYMENT ATTACHED		YES	N/A
Grand Total (1) + (2) + (3)			R
4. AIRCRAFT DOCUMENTATION <i>(Please attach documentation)</i>			
The following aircraft documentation in respect of each aircraft required to be included on/added to the RPAS Operators Certificate as indicated above is valid <i>(Tick where applicable)</i> :			
DOCUMENTATION		YES	NO
1.	Radio Station Licence		
2.	Certificate of Registration		
3.	RPA Letter of Approval (RLA)		
4.	3 rd Party Liability Insurance		
5.	Copy of Air Service License		
Please note that if any of the above is not in place, the application will not be accepted/processed			
5. DECLARATION – SIGNATORY			
*I/We hereby declare that *I/We are in possession of an approved operations manual, that is up to date and that *I/We may not operate the air service concerned contrary to the relevant approved manuals and any provisions of the Air Service Licensing Act, 1990 (Act No. 115 of 1990), the Aviations Act, 1962 (Act No. 74 of 1962) and the Civil Aviation Offences Act, 1972 (Act No. 10 of 1972).			
NAMES, SIGNATURES AND CAPACITIES OF OPERATOR'S REPRESENTATIVES			
SIGNATURE AND CAPACITY	NAME IN BLOCK LETTERS	DATE	
SIGNATURE AND CAPACITY	NAME IN BLOCK LETTERS	DATE	
SIGNATURE AND CAPACITY	NAME IN BLOCK LETTERS	DATE	

COMMISSIONER OF OATHS			
I certify that the deponent(s) has / have acknowledged that he / she knows and understand / they know and understand the contents of this statement, which was signed and affirmed / sworn to before me at			
<i>PLACE</i>		on	<i>DATE</i>
Full Name			
Business Address			
Capacity			
Area			
SIGNATURE OF COMMISSIONER OF OATHS	NAME IN BLOCK LETTERS		DATE
COMMISSIONER OF OATHS STAMP			

FOR OFFICE USE ONLY:

Received by CAA on									Remarks:	
	Y	Y	Y	Y	M	M	D	D	Inspector:	