



Section/division Flight Operations Department Part 101 Aerial Work
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 Postal address: Private Bag X73, Halfway House 1685 Website: www.caa.co.za

Form Number: CA 101-20
 Fax Number: 011-545 1350

**PART 101 APPLICATION FOR RPAS OPERATIONS
 ADJACENT TO OR ABOVE A NUCLEAR POWER PLANT,
 PRISON, POLICE STATION, CRIME SCENE, COURT OF
 LAW, NATIONAL KEYPOINT OR STRATEGIC LOCATION
 AND/OR OPERATIONS WITHIN PROHIBITED OR
 RESTRICTED AIRSPACE**

Notes:

- 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

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|--|-------------------------|-----------|--|-------------------|-----------------------------|
| 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 | |
| 5. FLIGHT DETAIL: | | | | | |
| Commercial | | Corporate | | Non-profit | Proposed time of operations |
| Reason for flight | | | | | |
| 6. OPERATING AREA: | | | | | |
| 6.1. Location (Name and Latitude and Longitude) | | | | | |
| 6.2. Permission to be obtained: please specify details | | | | | |
| i. | Nuclear Power Plant: | | | YES | N/A |
| ii. | Prison: | | | YES | N/A |
| iii. | Police Station: | | | YES | N/A |
| iv. | Crime Scene: | | | YES | N/A |
| v. | Court of law: | | | YES | N/A |
| vi. | National Key Point: | | | YES | N/A |
| vii. | Strategic installation: | | | YES | N/A |

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|---|------------------------------------|--|------------|--|------------|------------|
| 6.3. Does this area fall within RESTRICTED or PROHIBITED Airspace | | | YES | | NO | |
| i. | Restricted Airspace (specify FAR): | | FAR | | N/A | |
| ii. | Prohibited Airspace (specify FAP): | | FAP | | N/A | |
| 6.4. Controlling Authority of the FAR or FAP (as per ENR 5.1): | | | | | | |
| 6.5. Has written permission from the controlling authority of the FAR/FAP been obtained? <i>(please attach)</i> | | | YES | | NO | N/A |
| 6.6. The pilot has inspected or fully familiarized himself with the operating area | | | YES | | NO | |
| 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 | | | | | | |

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|--|----------------------------|--------------------------------------|------------------|--|-------------------|--|
| 7. THIRD PARTY INTERESTS: | | | | | | |
| 1. Written permission obtained from relevant authority | | | YES | | NO | |
| 8. 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> | | | | |
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