



Section/division
Telephone number:
Physical address
Postal address:

FLIGHT OPERATIONS DEPARTMENT , ASO
011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Form Number: CA 133-01
Fax Number: 011-545 1350

Website: www.caa.co.za

APPLICATION FOR EXTERNAL LOAD OPERATIONS ITO PART 133

Notes: NB

- Submit ONLY this completed form to the SACAA for approval.
- Supporting documentation required, as per para 6, 7, 8 herein, must be kept on file for audit purposes.
- Approval, when given, is done on the facts submitted and the declaration made.
- Applications must be submitted at least 7 working days prior to the flight.
- Ensure that a copy of the approved application is carried on board the helicopter.

1. OPERATOR:		Licence Number			
Name		Telephone Number			
Contact Person		Fax Number			
2. OPERATION:					
Date	(dd/mm/yyyy)	ETD		ETA	
Description					
Load					
Strop - Type		- Length		- Strength	
3. HELICOPTER:					
Type		Registration:	ZS-		
NB: Performance Graphs to be attached and numbered.					
4. PILOT IN COMMAND:					
Name		Licence number		Duty	
Name		Licence number		Duty	
Name		Licence number		Duty	
5. FLIGHT DETAIL:					
Escape Routes					
Lift 1	Take off	(Hours/Minutes)	Land	(Hours/Minutes)	Load Weight. (Kgs/Lbs)
Lift 1	Take off	(Hours/Minutes)	Land	(Hours/Minutes)	Load Weight. (Kgs/Lbs)
Lift 1	Take off	(Hours/Minutes)	Land	(Hours/Minutes)	Load Weight. (Kgs/Lbs)
Lift 1	Take off	(Hours/Minutes)	Land	(Hours/Minutes)	Load Weight. (Kgs/Lbs)
Total Elapse Time	(Hours/Minutes)				
6. LANDING AREA:					
6.1 Location:	(Name / Latitude and Longitude)				
6.2 The pilot inspected or fully familiarized himself with the landing area:			YES		NO
NB: Attach a plan view drawing/ clear Google earth printout/ photo of the landing area indicating the following: (1) Location,(2) Position in relation to buildings and structures,(2) Size, (3) Any telephone/High tension wires or (4) Other obstacles within 500m of the Landing area in the area of Operation.					

7. FLIGHT PATH:					
Confirm that:	1. The entry and exit flight paths are clear of obstructions	YES		NO	
	2. The flight path will at all times be at least 50m, horizontally, away from any open-air assembly of people.	YES		NO	
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. Written permission obtained from local municipality.	YES		NO	
9. DECLARATION					
I, the undersigned,	<i>(Name of declarer)</i>			in my capacity as	
<i>(Post Held)</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 Civil Aviation Regulations Part 127 and Part 133, for the approval of this flight. I further confirm full compliance with all relevant, prescribed, provisions as set out in the Aviation Act, no. 74 of 1962, the Civil Aviation Regulations of 2011, the Air Services Licensing Act, no 115 of 1990, the Domestic Air Services Regulations of 1991 and the 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>