SOUTH AFRICAN

Section/division: Telephone number: Physical address: Postal address:

 Flight Operations / Airworthiness
 Form Number: CA AOC-F-003

 011-545-1000
 Fax Number:
 011-545-1350 or 011-545-1013

 Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
 Private Bag X73, Halfway House 1685
 Website: www.caa.co.za



PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS)

To b	e cor	mpleted by Air Operator or Approved		All applicants to complete Items 1-8										
				PART 1: GI	ENE	RAL								
1.	Leç	gal name (company) and Tra	ade Nam	e (business nam	ne if difi	erent fi	rom con	npany na	ame).					
	Physical address of the principal (main) base where OPERATIONS will be conducted , <i>include address of secondary base of operation, if appropriate (do not use a post office box).</i>													
	seco	ondary base of operation, if approp	riate (do no	ot use a post offic	ce box,									
	Physical address of the principal (main) base where MAINTENANCE will be conducted, include address													
	of secondary base of operation, if appropriate (do not use a post office box).													
	T .1									- 11 - 11				
	Iel	ephone number		Fax nur	nber				e-m	ail ado I	aress			
2.	Pre	oposed Start of Operations	Date		ŀ	Y	Y	Y	Y	м	М	D	D	
3.	Re	equested company identifie	r (in orde	r of preference)		. 1			2			·		
4.														
	CAR Part Number Air Service Licence number													
	Category/ies of Aircraft													
	Class of Air Service Type/s of Air Service/s													
	International (CLASS1/11													
-		omestic (CLASS 1/11/111)		the Air Com							10	07		
5.		nagement Personnel - Req anner and Form of Applica												
		perience of each of the follo		ficials:					-,-					
		Staff member			I name & Qualificat					ions Exp			е	
	а	Chief executive officer			-									
	b	Responsible person: Flight	Operatio	n										
	С	Responsible person: Aircraf	t											
	d	Air Safety Officer												
		tes: Each applicant must ensure	that roa	uired menode	mont	and to	obnio	al nora	onnol	nonitio	no oro			
		established and that the qua							onnei	positic	ns are			
	•	Prior to beginning demons	stration,	those select	ed fo	r the I	requir	ed ma	nagen	nent p	ositior	ns mu	st	
	CAT	be full time employees of y TS Subpart .04.2 of the relevant part	/our org	anization.	"Orgar	nisation	and R	osnonsik	vilitios"	(2) "No	minatod			
		tholders."] The name of each nomi										t crew		
	trair	ning and ground operations.								T . I		NI		
		Name			Title				Telephone Number (Including Area Code)					
			1	Chief Executiv	ve Off	icer								
				Responsible p				eration						
				Responsible p		n: Airo	craft							
			4	Air Safety Off	icer									

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re D	ther Key Managem equest that you ident irector of Quality Ass irector of Stationa	ify of surar	ther key nce, Dire	pers ctor	onnel, of Trai	suc! ning	h as: Dir , Dispat	ector of ch Mana	In-F iger,	light, Mar	, Dire nage	ector (of Qu	uality Contro	ol,	9
	Director of Stations, Director/Manager of Technical Publications (Ops, Mx). SA-CATS-OPS: Sub-part .04.2 Operations Manual, 2.1.4 Quality Manager:															
							-	-	roor	oncik	olo for	tho m	20200	omont of the a	uality	
sv	stem, the monitoring fun	ction	and for rec	juesti	otable to the Director of Civil Aviation, responsible for the management of the quality sesting corrective action."											
	terms of Part 114.02.1.							icial respoi	nsible	e for a	aviatio	n secu	ırity			
"7	The Security Manager is t ecurity including developr	he ma	anager, ac	cepta	ble to th	e Dii	rector of C	ivil Aviatio	n, re	spons	sible f		-	gement of avia	ation	
	Name						Title							one Numbe	er	
												(Ir	ncludii	ng Area Code)		
					. h	anla	tod by one	licent: /No			raial	Onerot	or or	Evicting Corti	liaata	
	ROPOSED TYPE O older requesting Amendri		PERAIIC	DN /	o de con	ipiei	ied by app	nicant: (Ne	WCC	omme	rcial	Jperal	or, or	Existing Certil	icale	
11	Type of Certi		te and K	inds	of Op	era	tion:									
(0	Check appropriate box							of Operat	ion c	or req	ueste	ed am	endm	nent)		
D	omestic			Sc	hedule	d				I	Non-	Sche	dule	d		
In	ternational			Scheduled						I	Non-Scheduled					
A	erial Work. as selecte	ed fro	om pick li	st on	it on last page											
A	viation Training Orgar	nizati	ion as se	lecte	ed from	pic	k list on	reverse s	side							
	Part 96			t 121 Part 127 Pa							art 135 Part 136					
	Part 137		Part	t 138 Part 141				141	Part 145				Other			
F			nger only Cargo only			only	Single pilot Multi c				Multi cre	w				
	Other Operat	iona		-			U									
In	ndicate applicable iss	sues	affecting	nev	v applio	atic	on or req	uests for	r am	endi	ment	t(s) to	curr	rent operatio	ons.	
а	Special issues:		EDTO	RSV			1M 1		IPS			PBN	J			
h	(Check all that apply):															
b	Other: (list)	(aha			2000		Na									
С	5		,	(Carry Not Carry									<u></u>		
d	Maintenance perfor (check one)	meu	i by.	Ap	Applicant Contractor											
e Operations training by: (check one)				Applicant Contractor												
f Type of Ownership: (Check one)					Corporate Partnership Fractional Sole						Sole Propri	etor				
g	Citizenship of Owne					•	1									
h Applicant Accountable Manager: (Last, First, Initial)																
i Telephone Number: (Include Area Code)																
Date Applicant contacts DOT OST																
k	Geographic area of operations:															
Ι				а	Fror	n						То				
	Proposed Major Ro	utes		b	Fror	n						То				
					Fror	n						То				

7.	Operating Co	onditi	ions: (check	where appl	icable).							
					0	per	rating co	nditior	าร			
	Authorization	۵	Day	Night	VFR		IFR		assengers nd Cargo	Passengers only		Cargo only
	Multi-engine aircraft											
	Rotorcraft											
	Single-engine aircraft											
			PA	RT 2: A	PPLICA	N	FREAD	INESS	6			
•	Aircraft:											
appr prog	cific aircraft, install opriate regulatory ress significantly. ional: If there is more t	requi	irements. C	hanging	aircraft typ	pes	or model	ls during	g the proc			
1 1	Aircraft Make:		Mod		Ser				*Serial Number:		*Line	Number:
	Owner:					L	essor:					
2	Engine Make:				Model:	1		Series:				
3	Propeller Make:			Model:					Series:			
4	Seating Configur	ation:	: (e.g. numbe	of seats, executive interior, medical application, combination passenger/cargo, etc.)								
5	Aircraft materially	y alter	red: (e.g. diff	erent powei	rplants, alte	ratic	ons to aircra	ift or com	ponents affe	ecting	flight chara	cteristics)
6	Previous Operato	or/Ow	/ner's Name	e:								
7	Type of Maintena				effect:							
New e	• Operation: entrant applicants and					cting	the followii	ng areas	should comp	olete tl	his section.	
	Area				Na	me				L	ocation	
1	Training Facilities ground training, train	vices, etc.)										
2	Contract Training: (e.g., crew- member, ground, maintenance, etc.)											
3												
4	Crewmember/dis											
5	Type of Maintena performed: (Princi Base)											
6	Type of Contract	Main	tenance:									
7	Line Stations:											
8	Capabilities of ea	ach lir	ne station:									
9	Date contracts av	vailab	ole for									
	review: (e.g. aircra	ft, facili	ities, etc.)									

PART 3: MANUALS To expedite the process, manuals could be submitted in electronic format.												
1 Identify any manuals to be written other than by the applicant:												
	Manual Title (n	nanu	ial n	umb	er if	appl	icab	le)				
				• 4								
	Identify Contra	ctor	, Lia	ison	or	Auth	or of	eac	h			
2	Identify Manua	ls to	be	writt	en b	ov ap	plica	nt:				
	Manual Title (n											
								,				
	Identify Author of each											
PA	RT 4: APPLIC	CAN	IT IN	NTE	ΝΤΙ	ONS	S: C	ОМ	PAN	NY EXECU	ITIVI	E OR AUTHORIZED PERSON
	The sta	temer	nts an							rm indicate an i table Manager		o apply for CAA certification. irector).
Lega	al name <i>(compa</i>	ny) a	and T	Frade	e Na	me (k	ousine	ss na	me if o	different from co	ompany	/ name):
1		a = -	I			······································	h -			and second second		the African Assistant Lanislation Open
Afric	an Civil Aviation	nam Reg	ned c ulatio	omp ons (any SAC	must CAR)	be a and t	the ir	o co ntern	mply with the ational stand	e Sou dards	th African Aviation Legislation, South pertaining to the operation of aircraft
as p	ublished in releva	ant A	NNE	EXES	S to t	the co	onve	ntion	on l	nternational	Civil	Aviation Organisation (ICAO) with
												an Air Operator Certificate. I further until it is in possession of an Air
												ations under SACAA regulations, an
												(Signature to certify understanding)
	SIGNATURE OF		MDA									
	XECUTIVE OR)	Ν		E IN	BLO	CK LETTER	s	DATE
	PERSON OF O			-								
Nam	e and Title of C	omp	bany									
				P/	AR1	5:	TO	BE (CON	IPLETED	BY (САА
Rec	eived by CAA									Remarks:		
on		Υ	Υ	Υ	Υ	Μ	Μ	D	D			
Forv on	varded to FOD	~			~							
		Y	Y	Y	Y	Μ	Μ	D	D			
Coordinated with												
AWE)	Υ	Υ	Υ	Υ	Μ	Μ	D	D			
S	GIGNATURE OF	INS	PEC	TOR						CK LETTER		DATE
NOT						See la	ast pa	ge for	instru	ictions and pick	(lists	
		will n	ot und	dertak	ce a c	quality	assu	rance	role	with regard to a	any for	m or document submitted in application for a
servi	service. Documentation that contains errors or does not meet regulatory requirements will be returned for correction.											
	Delays thus incurred are the sole responsibility of the applicant. Applicants are encouraged to review CAR Subpart .06.2 of the applicable Part. (i.e. Part 121.06.2)											
1, 461			57104				<u></u>		~~~			
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Types of Aerial Work Specialty Operations	Types of Aviation Training Organization Operations					
Aerial Advertising	Flight Training					
Aerial Inspection and Surveillance	Maintenance Training					
Aerial Harvesting	Ground Service Training					
Aerial Mapping	Aviation Medicine Training					
Aerial Photography	Security Training					
Aerial Sightseeing	Dangerous Goods Training					
Aerial Spraying	Cabin Crew Training					
Aerial Surveying	Dispatcher Training					
External Load Charge	Others					
Fire Fighting						
Recreational Flying						
Forest Fire Management						
Glider Tower						
Heli-logging						
Parachute Jumping						
Wild Life Management						