

OPERATOR RE-VALIDATION ASSESSMENT FORM

To be completed by Air Operator or Approved Maintenance Organisation

All applicants to complete Items 1-8

PART 1: GENERAL

1.	Legal name (company) and Trade Name (business name if different from company name).							
	Physical address of the principal (main) base where OPERATIONS will be conducted , include address of secondary base of operation, if appropriate (do not use a post office 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).							
	Telephone number	Fax number	e-mail address					
2.	Existing AOC issuance date:							
	Air Service Licence issuance date:				Y	Y	Y	Y
			M	M	D	D		
3.	Company identifier/call sign:							
4.	Existing Air Service Licence:							
	CAR Part Number				Air Service Licence number			
	Category/ies of Aircraft							
	Class of Air Service		Type/s of Air Service/s					
	International (CLASS1/11)							
	Domestic (CLASS 1/11/111)							
5.	Management Personnel - Required by the Air Services Licensing Act, CAA Regulations 1997, "Manner and Form of Application for a Licence": the full name and surname, qualifications and experience of each of the following officials:							
	Staff member	Full name & surname	Qualifications	Experience				
	a	Chief executive officer						
	b	Responsible person: Flight Operation						
	c	Responsible person: Aircraft						
	d	Air Safety Officer						
	Notes:							
	<ul style="list-style-type: none"> • Each applicant must ensure that required management and technical personnel positions are established and that the qualifications of those personnel are maintained; • Prior to beginning demonstration, those selected for the required management positions must be full time employees of your organization. 							
	CATS Subpart .04.2 of the relevant part [i.e. Part 121.04.2., 2.1.2 "Organisation and Responsibilities", (2) "Nominated Postholders."] The name of each nominated postholder responsible for flight operations, the maintenance system, flight crew training and ground operations							
	Name	Title	Telephone Number (Including Area Code)					
		1	Chief Executive Officer					
		2	Responsible person: Flight Operation					
		3	Responsible person: Aircraft					
		4	Air Safety Officer					

6	Other Key Management Personnel - In addition to the required management and technical positions, we request that you identify other key personnel, such as: In-Flight Manager, Quality Assurance Manger, Chief Training Captain, Dispatch Manager, Maintenance Control Manager, Station Managers, Manager of Technical Publications (Operations, Maintenance)										
	SA-CATS-OPS: Sub-part .04.2 Operations Manual, 2.1.4 Quality Manager:										
	"The quality manager is the manager, acceptable to the Director of Civil Aviation, responsible for the management of the quality system, the monitoring function and for requesting corrective action."										
	Name			Title				Telephone Number (Including Area Code)			
7.	TYPE OF OPERATION To be completed by operator: (AOC Holder).										
	<ul style="list-style-type: none"> Type of Certificate and Kinds of Operation: (Check appropriate box to indicate type of Certificate and kinds of Operation or requested amendment) 										
	Domestic		Scheduled		Non-Scheduled						
	International		Scheduled		Non-Scheduled						
	Aerial Work. as selected from pick list on last page										
	Aviation Training Organization as selected from pick list on reverse side										
	Part 96		Part 121		Part 127		Part 135		Part 136		
	Part 137		Part 138		Part 141		Part 145		Other		
	Passenger & Cargo		Passenger only		Cargo only		Single pilot		Multi crew		
	<ul style="list-style-type: none"> Other Operational Issues: Indicate applicable provisions affecting the Operations Specifications (OpSpecs) 										
	a	Special issues: (Check all that apply):		ETOPS		RSVM		EXTENDED Overwater		MNPS	
	b	Other: (list)									
	c	Dangerous Goods (check one)		Carry		Not Carry					
	d	Maintenance performed by: (check one)		Applicant		Contractor					
	e	Operations training by: (check one)		Applicant		Contractor					
	f	Type of Ownership: (Check one)		Corporate		Partnership		Fractional		Sole Proprietor	
	g	Citizenship of Owner:									
	h	Operator's Accountable Manager (CEO): (Last, First, Initial)									
	i	Telephone Number: (Include Area Code)									
	k	Geographic area of operations:									
l	Major Routes on Licence			From		To					
			a.								
			b.								
			c.								
			d.								
			e.								
			f.								
			g.								
			h.								
			i.								

7.	<ul style="list-style-type: none"> Operating Conditions: <i>(check where applicable).</i> 							
	Authorization	Operating conditions						
		Day	Night	VFR	IFR	Passengers and Cargo	Passengers only	Cargo only
	Multi-engine aircraft							
	Rotorcraft							
	Single-engine aircraft							

PART 2: AIRCRAFT AND OPERATIONS

- Aircraft:**
 Specific aircraft, installed engine and/or propeller make and model must be identified to determine the appropriate regulatory requirements. Changing aircraft types or models during the process may delay your progress significantly.
*(*Optional: If there is more than one type or model, include information for each and number of each.)*

1	Aircraft Make:	Model:	Series:	*Serial Number:	*Line Number:
	Owner:	Lessor:			
2	Engine Make:	Model:	Series:		
3	Propeller Make:	Model:	Series:		
4	Seating Configuration: <i>(e.g. number of seats, executive interior, medical application, combination passenger/cargo, etc.)</i>				
5	Aircraft materially altered: <i>(e.g. different powerplants, alterations to aircraft or components affecting flight characteristics)</i>				
6	Previous Operator/Owner's Name:				
7	Type of Maintenance Program currently in effect:				

<ul style="list-style-type: none"> Operation: 			
	Area	Name	Location
1	Training Facilities: <i>(e.g., simulators ground training, training devices, etc.)</i>		
2	Contract Training: <i>(e.g., crew-member, ground, maintenance, etc.)</i>		
3	Training Records: <i>(e.g., crew-member, dispatch, maintenance, etc.)</i>		
4	Crewmember/dispatch records:		
5	Type of Maintenance performed: <i>(Principal Maintenance Base)</i>		
6	Type of Contract Maintenance:		
7	Line Stations:		
8	Capabilities of each line station:		
9	Date contracts available for review: <i>(e.g. aircraft, facilities, etc.)</i>		

PART 3: MANUALS

To expedite the review processes, manuals should be submitted in electronic format.

1	Identify any manuals written other than by the applicant: (Refer to CA AOC-F-008: "Manual Control Roster")	
	Manual Title (manual number if applicable)	
	Identify Contractor, Liaison or Author of each	
2	Identify Manuals written by applicant:	
	Manual Title (manual number if applicable)	
	Identify Author of each	

PART 4: COMPANY EXECUTIVE OR AUTHORIZED PERSON

The statements and information contained on this form indicate an intent to comply with CAA re-validation processes of Air Operator Certification.

In line with ICAO SARPs and International Best Practice SACAA is in the process of implementing new air operator certification standards. The progress of the following 4 AOC re-validation events to be complied with by existing AOC holders and recorded by Principal Operations Inspectors responsible for each specific operator shall be entered on CA AOC-F-006: "Schedule of Events" and on the operator's Re-validation History File.

1. OpSpecs

*(Operators follow the Technical Guidance Material and associated template "Operations Specifications": CA AOC-F-011)
(Inspectors TGM: CA AOC-002 and 002a)*

2. Statement of Compliance (Operators follow TGM: CA AOC-017)

3. Training Program Approval Process (CA AOC-FO-019 and appendixes a-h)

4. Evacuation (and ditching where applicable) demonstrations. ("Emergency Evacuation and Ditching Demonstrations" CA AOC-FO-014)

To be completed by the Accountable Manager (i.e. CEO).

Legal name (company) and Trade Name (business name if different from company name):

I understand that the named company must be able to comply with the South African Aviation Legislation, South African Civil Aviation Regulations (SACAR) and the international standards pertaining to the operation of aircraft as published in relevant ANNEXES to the convention on International Civil Aviation Organisation (ICAO) with respect to all matters regulating the issuance of an Air Service Licence and an Air Operator Certificate. I further understand that the above named company shall operate as defined in South African Aviation Legislation. ***(Signature to certify understanding)***

SIGNATURE OF COMPANY EXECUTIVE OR AUTHORISED PERSON OF OPERATOR	NAME IN BLOCK LETTERS	DATE
Name and Title of Company Executive: (Please Print)		

PART 5: TO BE COMPLETED BY CAA											
Received by CAA on										Remarks:	
	Y	Y	Y	Y	M	M	D	D			
Forwarded to FOD on											
	Y	Y	Y	Y	M	M	D	D			
Coordinated with AWD											
	Y	Y	Y	Y	M	M	D	D			
SIGNATURE OF INSPECTOR			NAME IN BLOCK LETTERS				DATE				
<i>See last page for instructions and pick lists</i>											
<p>NOTICE: The Authority, (SACAA), will not undertake a quality assurance role with regard to any form or document submitted in application for a 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)</p>											

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		