

PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS)

<i>To be completed by Corporate Aviation Organisation</i>				<i>All applicants to complete Items 1-8</i>							
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).											
Contact number				e-mail address							
2. Proposed Start of Operations Date				Y	Y	Y	Y	M	M	D	D
3. Requested company identifier (in order of preference)				1							
				2							
				3							
4. Category of Aircraft:		Fixed Wing				Helicopter					
		A1		A2		H1					
		A3		A4		H2					
5. Management Personnel:											
Staff member		Full name & surname			Qualifications			Experience			
a	Accountable Manager										
b	Responsible person: Flight Operation										
c	Responsible person: Aircraft										
d	Safety Manager										
e	Quality Manager										
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 or dedicated contracted employees of your organization as per Part 93.6.03 2.1. 											
CATS Subpart .04.2 of the relevant part [i.e. Part 93.04.2., 2.1.2 "Organisation and Responsibilities", (2) "Post-holders."] The name, functions and responsibilities of each post-holder shall be listed.											

6	Other Key Management Personnel - In addition to the required management and technical positions, we request that you identify other key personnel, such as: Director of In-Flight, Director of Quality Control, Director of Quality Assurance, Director of Training, Dispatch Manager, Manager of Maintenance Control, Director of Stations, Director/Manager of Technical Publications (Ops, Mx)										
	Name			Title				Contact Number <i>(Including Area Code)</i>			
7.	PROPOSED TYPE OF OPERATION: <i>To be completed by applicant: (To be completed by applicant: (New Corporate Aviation Operator, or Existing Certificate Holder requesting Amendment))</i>										
	<ul style="list-style-type: none"> Type of Certificate and Kinds of Operation: <i>(Check appropriate box to indicate type of Certificate and kinds of Operation or requested amendment)</i> 										
	Domestic Non-Scheduled										
	International Non-Scheduled										
	Passenger & Cargo		Passenger only		Cargo only		Single pilot		Multi crew		
	<ul style="list-style-type: none"> Other Operational Issues: <i>Indicate applicable issues affecting new application or requests for amendment(s) to current operations.</i> 										
	a	Special issues: <i>(Check all that apply):</i>		EDTO		RSVM		MNPS		RNP	
	b	Other: <i>(list)</i>									
	c	Dangerous Goods <i>(check one)</i>		Carry		Not Carry					
	d	Maintenance performed by: <i>(check one)</i>		Applicant		Contractor					
	e	Operations training by: <i>(check one)</i>		Applicant		Contractor					
	f	Type of Ownership: <i>(Check one)</i>		Corporate		Partnership		Fractional		Sole Proprietor	
	g	Citizenship of Owner:									
	h	Applicant Accountable Manager: <i>(Last, First, Initial)</i>									
	i	Contact Number: <i>(Include Area Code)</i>									
j	Geographic area of operations:										
k	Proposed Major Routes		a	From				To			
			b	From				To			
			c	From				To			
			d	From				To			
			e	From				To			
			f	From				To			

8.	<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: APPLICANT READINESS

• 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 power plants, alterations to aircraft or components affecting flight characteristics)</i>				
6	Previous Operator/Owner's Name:				
7	Type of Maintenance Program currently in effect:				

• Operation:

New entrant applicants and existing air carriers proposing changes affecting the following areas should complete this section.

	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 process, manuals could be submitted in electronic format.

1	Identify any manuals to be written other than by the applicant:
	Manual Title (manual number if applicable)
	Identify Contractor, Liaison or Author of each
2	Identify Manuals to be written by applicant:
	Manual Title (manual number if applicable)
	Identify Author of each

PART 4: APPLICANT INTENTIONS: COMPANY EXECUTIVE OR AUTHORIZED PERSON

The statements and information contained on this form indicate an intent to apply for CAA certification.

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

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

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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 a Corporate Aviation Operator Certificate. I further understand that the above named company shall not commence operation until it is in possession of a Corporate Aviation Operator Certificate (CAOC) and to conduct Corporate Air Transport Operations under SACAA regulations.

(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 General Aviation Department									
	Y	Y	Y	Y	M	M	D	D	
Coordinated with Airworthiness									
	Y	Y	Y	Y	M	M	D	D	

SIGNATURE OF INSPECTOR	NAME IN BLOCK LETTERS	DATE

See last page for instructions and pick lists

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 .06.3 of the applicable Part. (i.e. Part 93.06.3)