

PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS)

To be completed by Commercial Non-Type Certified Operator	All applicants to complete Items 1-8
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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. (includes 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	e-mail address																																			
2. Proposed Start of Operations Date	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>M</td> <td>M</td> <td>D</td> <td>D</td> <td></td> <td></td> </tr> </table>											Y	Y	Y	Y	M	M	D	D																	
Y	Y	Y	Y	M	M	D	D																													
3. Requested company identifier (in order of preference)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 95%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> </tr> </table>	1		2		3																														
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2																																				
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4. Categories of Aircraft:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td colspan="4" style="width: 50%;">Fixed Wing</td> <td colspan="4" style="width: 50%;">Helicopter</td> </tr> <tr> <td style="width: 12.5%;">A1</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">A2</td> <td style="width: 12.5%;"></td> <td colspan="2" style="width: 50%;">H2</td> <td></td> <td></td> </tr> <tr> <td>A3</td> <td></td> <td>A4</td> <td></td> <td colspan="2">H1</td> <td></td> <td></td> </tr> </table>	Fixed Wing				Helicopter				A1		A2		H2				A3		A4		H1														
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5. Management Personnel:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Position</th> <th style="width: 30%;">Full name & surname</th> <th style="width: 15%;">Qualifications</th> <th style="width: 20%;">Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>Accountable Manager / CEO</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">B</td> <td>Responsible Person: Flight Operation</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">C</td> <td>Responsible Person: Flight Crew Training</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">D</td> <td>Responsible Person: Ground Operations</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">E</td> <td>Responsible Person: Aircraft</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">F</td> <td>Responsible Person Safety (ASSO)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Notes:</p> <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; The required management positions must be full time or dedicated contracted employees of your organization. 		Position	Full name & surname	Qualifications	Experience	A	Accountable Manager / CEO				B	Responsible Person: Flight Operation				C	Responsible Person: Flight Crew Training				D	Responsible Person: Ground Operations				E	Responsible Person: Aircraft				F	Responsible Person Safety (ASSO)			
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6	Other Key Management Personnel - In addition to the required management and technical positions, we request that you identify other key personnel, such as: Cabin Crew Manager, Quality Assurance Manager, Dispatch Manager, Maintenance Control Manager, Stations Manager, Manager of Technical Publications.									
	Name			Title				Contact Number <i>(Including Area Code)</i>		
7.	PROPOSED TYPE OF OPERATION:									
	To be completed by applicant: (To be completed by applicant: (New Commercial Non-Type Certified Operator, or Existing Certificate Holder requesting Amendment)									
	<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 Non-Scheduled									
	Passenger & Cargo		Passenger only		Cargo only		Single pilot		Multi crew	
	Flipping		Surveying							
	<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 Other: <i>(list)</i>									
	B Dangerous Goods <i>(check one)</i>		Carry		Not Carry					
	C Maintenance performed by: <i>(check one)</i>		Applicant		Contractor					
	D Operations training by: <i>(check one)</i>		Applicant		Contractor					
	E Type of Ownership: <i>(Check one)</i>		Corporate		Partnership		Fractional		Sole Proprietor	
	F Citizenship of Owner:									
	G Applicant Accountable Manager: <i>(Last, First, Initial)</i>									
	H Telephone Number: <i>(Include Area Code)</i>									
I Geographic area of operations:										
j Proposed Major Routes		a								
		b								
		c								
		d								
		e								
		f								

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	Flipping	Surveying
	Multi-engine aircraft									
	Rotorcraft									
Single-engine aircraft										

PART 2: APPLICANT READINESS

- Aircraft:**

Specific component installed on aircraft i.e.: 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	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 Part 96 Operating Certificate. I further understand that the above-named company shall not commence operation until it is in possession of a Part 96 Operating Certificate and to conduct 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remarks:	
	Y	Y	Y	Y	M	M	D	D			
Forwarded to GA Dept. on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Y	Y	Y	Y	M	M	D	D			
Coordinated with AWD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	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.