



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

Flight Operations / Airworthiness

011-545-1000

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Fax Number:

011-545-1350 or 011-545-1013

Website: www.caa.co.za

Form Number: CA AOC-F-003

PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS)

<i>To be completed by Air Operator or Approved Maintenance Organisation</i>	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. Proposed Start of Operations Date									
	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 12.5%;">Y</td> <td style="border: 1px solid black; width: 12.5%;">Y</td> <td style="border: 1px solid black; width: 12.5%;">Y</td> <td style="border: 1px solid black; width: 12.5%;">Y</td> <td style="border: 1px solid black; width: 12.5%;">M</td> <td style="border: 1px solid black; width: 12.5%;">M</td> <td style="border: 1px solid black; width: 12.5%;">D</td> <td style="border: 1px solid black; width: 12.5%;">D</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)									
1	2								
4. Existing Air Service Licence Number if applicable:									
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. 									
<i>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</i>									
Name		Title		Telephone Number <i>(Including Area Code)</i>					
		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: 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)												
	SA-CATS-OPS: Sub-part .04.2 Operations Manual, 2.1.4 Quality Manager:												
	"The quality manager is the manager, acceptable to the Commissioner, responsible for the management of the quality system, the monitoring function and for requesting corrective action."												
	Name			Title				Telephone Number (Including Area Code)					
7.	PROPOSED TYPE OF OPERATION To be completed by applicant: (New Commercial 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			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 issues affecting new application or requests for amendment(s) to current operations. 												
	a	Special issues: (Check all that apply):		ETOPS		RSVM		EXTENDED Overwater		MNPS		RNP	
	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	Applicant Accountable Manager: (Last, First, Initial)												
i	Telephone Number: (Include Area Code)												
j	Date Applicant contacts DOT OST												
k	Geographic area of operations:												
l	Proposed Major Routes			a	From					To			
				b	From					To			
				c	From					To			

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: APPLICANT READINESS

<ul style="list-style-type: none"> Aircraft: <p>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.</p> <p><i>(*Optional: If there is more than one type or model, include information for each and number of each.)</i></p>							
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: <p><i>New entrant applicants and existing air carriers proposing changes affecting the following areas should complete this section.</i></p>							
	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. 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 not commence operation until it is in possession of an Air Operator Certificate (AOC) and to conduct Commercial Air Transport Operations under SACAA regulations, an operator must be a citizen 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

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 .06.2 of the applicable Part. (i.e. Part 121.06.2)

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		