## Prospective Operator’s Pre-Assessment Statement Form (POPS)

Notes to Applicant

**General**

1. Please ensure form is correctly filled; the applicable fee is fully paid, and that all required supporting documentation is provided. Incomplete/incorrect form or/and inadequate payment will lead to delays in processing your application.
2. Applications shall be submitted as early as possible before the planned commencement date of operation. The entire certification process usually takes 6 months, subject to compliance by the applicant and taking into consideration the time required for the entire certification process and its complexity. Where space is sufficient for the information required, the words “See Attachment 1,2,3” etc. should be written and the necessary attachments supplied with the application form.
3. Completed form (hard copy and soft copy) and supporting documents (soft copy) are to be submitted to one following of the following address:

|  |  |  |
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| **Mailing address** | **Office address (for hand delivery)** | **Email address** |
| Director,Flight Operations DivisionCivil Aviation Authority of Malaysia27 Persiaran PerdanaLevel 2 Podium Block, Precinct 462618 Putrajaya,Malaysia. | Civil Aviation Authority of MalaysiaPihak Berkuasa Penerbangan Awam MalaysiaNo. 27 Persiaran PerdanaAras 1-4 Blok Podium62618 PutrajayaMalaysia | drone.rpto@caam.gov.my |

**Collection**

1. You will be notified when the certificate is ready for collection at the Flight Operations Division office.

**NOTE 1**

Operator principal place of business telephone and fax details, including country code. Email to be provided.

**NOTE 2**

Contact details, at which operational management can be contacted without undue delay.

**NOTE 3**

The particulars given should be those of the person who will be the operator of the aircraft, in the case of an incorporated body, the body, the names, addresses and nationality of the Directors, and the Chief Executive Officer (or Managing Director of General Manager), and in the case of an unincorporated corporation, the names, addresses and nationality of all partners. This list should reflect the organisational structure of the company applying for the RPTO COA and the financial data and business plan.

**NOTE 4**

A list of UA manufacturer, model used for the training activity.

1. Tick if a Flight Simulator Training Device will be used for training as well. Please be informed that CAAM has yet to come with any particular directives on FSTD. However, it is preferred only to use a FSTD system that is recognised by the Manufacturer.
2. Provide a copy of the lease agreement for all leased Unmanned Aircraft.

**NOTE 5**

Give the proposed date for the commencement of operations.

**NOTE 6**

List of **all** location(s) of the proposed flight training activities in a .kmz/.kml file.

**NOTE 7**

List the scope of training that the RPTO intends to conduct. Additional training courses may be conducted as per [paragraph 1.4.8](#_If_the_RPTO) of the CAD 6011 (I).

**NOTE 8**

The minimum time between receipt of completed training procedure manuals, documents and the proposed date for the commencement of operations is six (6) months. If manuals are not submitted with the application, please give date(s) when they will be presented for inspection. Applicants shall ensure that the validity of the manuals submitted to CAAM is maintained at all times.

**NOTE 9**

Please list the names, qualifications and experience of the Nominated Post Holders.

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| CAAM logo**CIVIL AVIATION AUTHORITY OF MALAYSIA****PROSPECTIVE OPERATOR’S PRE-ASSESSMENT STATEMENT FORM (POPS)** |
| **Part I – Particulars of Applicant** *(This person will be the main point of contact for CAAM)* |
| Title:  | Name of Applicant:  | Tel:  |
| Designation:  | Email:  |
| **Part II – Particulars of Organisation** |
| Name of Organisation:  |
| Address of Place of Business: |
| Name(s) if different from above in which operations will be conducted: |
| Base aerodrome (if applicable):  |
| Tel (**See Note 1**):  | Fax (**See Note 1**):  |
| E-mail (**See Note 1**):  |
| Operational Point of Contact (**See Note 2**):**Tel: (60)****Fax: (60)****Email:** |

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| **Part III – Particulars of Directors/Share Holders (See Note 3)** |
| Designation | Name | Address | Telephone | Nationality |
|  |  |  |  |  |
| **Part IV – Particulars of COA RPTO Nominated Post Holder** |
| **Personnel** | **Name & Designation** | **Contact Number & Email Address** |
| Accountable Manager (AM): |  |  |
| Safety Manager (SM): |  |  |
| Chief Remote Pilot (CRP): |  |  |
| Maintenance Controller (MC): |  |  |

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| **List of Instructors** |
| **Remote Pilot Flight Instructor(s) (RFI):** | **Remote Pilot Ground Instructor(s) (RGI):** |
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| **Authorised Examiner** | **Flight Instructor Examiner** |
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| **Part V – Particulars of Unmanned Aircraft for Operations (See Note 4)** |
| **Manufacturer** | **Model** | **Type of activity** | **Total Number of UA operated** | **MTOM** | **Serial Number** | **FSTD** |
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
| Proposed date for the commencement of operations (**See Note 5**):  |  |
| **Part VI - RPTO proposed types of training (See Note 7)** |
| [ ]  A2 RCoC (only applicable when CAD 6011 is effective) | [ ]  RCoC-B  | [ ]  Safety Management System (SMS) for UAS Operations |
|  | [ ]  Module 1 (EVLOS) | [ ]  Specific Operations Risk Assessment Course (SORA |
|  | [ ] Module 2 (AGR) | [ ]  Train the Trainer Course |
|  |  | [ ]  Crew Resource Management (CRM) |

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| **Part VII – Applicant Checklist (Please check the applicable boxes)** |
| **Supporting documents to be submitted** | **Yes** | **No** |
| Organisation Chart, financial data, and Business plan (**see Note 3**) | ☐ | ☐ |
| Location (s) of the proposed operation(s) in .kmz/.kml file **(see Note 6)** | ☐ | ☐ |
| Draft/final copies of training procedure manuals, documents and complete CAAM Forms (**see Note 8**) | ☐ | ☐ |
| Leasing contracts for the Unmanned Aircraft (**see Note 4**) | ☐ | ☐ |
| Qualifications of the Nominated Post Holder(s) (**see Note 9**) | ☐ | ☐ |

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| **Part VIII – Applicant Declaration** |
| I hereby declare that the information given in this form is true in every respect and that I will comply with all the necessary requirements for the grant of a Remote Pilot Training Organisation Certificate of Approval. I further declare that all documents submitted in support of this application are true in every respect. I hereby apply for the grant of a Remote Pilot Training Organisation Certificate of Approval. Name, Signature of Accountable Manager & Company Stamp Date (Day / Month / Year) |

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| **For Official Use** |
| Received by:Authorised Collection Officer (Name Stamp & Signature) | Date(Day / Month / Year) |
| RPTO COA No.: | Period of validity: |