## 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 3 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 POPS 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 Division  Civil Aviation Authority of Malaysia  27 Persiaran Perdana  Level 2 Podium Block, Precinct 4  62618 Putrajaya,  Malaysia. | Civil Aviation Authority of Malaysia  Pihak Berkuasa Penerbangan Awam Malaysia  No. 27 Persiaran Perdana  Aras 1-4 Blok Podium  62618 Putrajaya  Malaysia | drone.atf@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 AWC and the financial data and business plan.

**NOTE 4**

A list of UA manufacturer, model and either for dispensing or other than dispensing operation(s).

**NOTE 5**

Give the proposed date for the commencement of operations.

**NOTE 6**

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

**NOTE 7**

List of all items intended to be dispensed. Cross-reference must be made to Department of Agriculture’s approved list of Agricultural Payload.

**NOTE 8**

The minimum time between receipt of completed manuals and the proposed date for the commencement of operations is three 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**

If the Unmanned Aircraft are not owned by the Company, details of leasing contracts should be attached.

**NOTE 10**

Please list the names, qualifications and experience of the persons (e.g., Flight Operations Manager, Authorised Technical Personnel, etc)

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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: | | | | |
| 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 |
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| **Part IV – Particulars of AWC Post Holders** | | | | | | |
| **Personnel** | | **Name & Designation** | | | **Contact Number & Email Address** | |
| Accountable Manager: | |  | | |  | |
| Safety Manager | |  | | |  | |
| Flight Operations Manager: | |  | | |  | |
| Authorised Technical Personnel | |  | | |  | |
| Others: | |  | | |  | |

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| **Part V – Particulars of Unmanned Aircraft for Operations (See Note 4)** | | | | | | | | | | | |
| **DISPENSING OPERATIONS** | | | | | | | | | | | |
| **Manufacturer** | **Model** | | | **Equipped for** | | **Total Number Each UA Operated** | | **Registration mark** | | **MTOM** | **Serial Number** |
| **LIQUID** | **SOLID** |
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| **OTHER THAN DISPENSING OPERATIONS** | | | | | | | | | | | |
| **Manufacturer** | | **Model** | **Type of activity** | | | | **Total Number of UA operated** | **MTOM** | **Serial Number** | | |
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| Proposed date for the commencement of operations (**See Note 5**): | | | | | | | | | | | |

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| **Part VI – 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)** | **☐** | **☐** |
| List of items intended to be dispensed **(see Note 7)** | **☐** | **☐** |
| Complete POPS Forms (**see Note 8**) | **☐** | **☐** |
| Leasing contracts of the Unmanned Aircraft (**see Note 9**) | **☐** | **☐** |
| Qualifications of the Nominated Post Holder(s) (**see Note 10**) | **☐** | **☐** |

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| **Part VII – 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 an Aerial Work Certificate. I further declare that all documents submitted in support of this application are true in every respect. I hereby apply for the grant of an Aerial Work Certificate.    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) |
| AWC No.: | Period of validity: | |