



CIVIL AVIATION AUTHORITY OF BOTSWANA  
P. O. Box 250, Gaborone, Botswana Tel: +267 3688200/3913236 Fax +267 3930165

### FLIGHT SAFETY DIRECTORATE

#### Prospective Operator's Pre-assessment Statement (POPS)

(To be completed by an applicant for Approved Maintenance Organisation Certificate)

#### Section 1A: To be completed by all applicants

1. Name and mailing address of company  
(Include business name if different from company name)
2. 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).
3. Proposed Start-up date:
4. Requested Company identifier in order of preference
- 1    2    3

#### 5. Management and Key Staff Personnel

| Name<br>(Surname/First Name/Middle) | Title | Telephone and address (if different from company. Include country code) |
|-------------------------------------|-------|---|
|                                     |       |   |

#### Section 1B. To be completed by Air Operator and/or Approved Maintenance Organisation

6.  Air Operator intends to perform its maintenance as an AMO (complete Block 7 and 8)
- Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others (Complete Blocks 7 and 11)
- Air Operator intends to perform maintenance under an equivalent system (complete Blocks 7 and 11)
- Approved Maintenance Organisation (complete Block 8)

7. Proposed type of operation  
(Check as many as applicable)
8. Proposed type of Approved Maintenance Organisation Rating(s) –  
(Refer to Regulation 12 of the Civil Aviation (AMO) Regulations, 2012)

##### Air Operator Certificate

- Passenger and Cargo
- Cargo only
- Scheduled Operations
- Charter Flight Operations

##### Approved Maintenance Organisation

- Airframe
- Powerplant
- Propeller
- Avionics
- Computers
- Instrument
- Accessory
- Specialised Service

#### Section 1C. Blocks 9 and 10 to be completed by Air Operator

9. Aircraft Data  
(For foreign registered aircraft, please provide a copy of the lease agreement).
- Number and types of aircraft (By make, model, and series)
- Number of Passengers seats or cargo payload capacity
10. Geographic areas of intended operations

**Section 1D: To be completed by all applicants**

Additional information that provides a better understanding of the proposed operation or business

11. (Attach additional sheets, if necessary)

12. Proposed Training

13. The statement and information contained on this form denotes intent to apply for a CAAB certificate.

Type of Organisation:

|           |   |                |
|-----------|---|----------------|
| Signature | Date<br><small>(day/month/year)</small> | Name and Title |
|           |   |                |

**Section 2. To be completed by the Office of the CAAB Chief Executive Officer**

Received by:  Date received (day/month/year)   
(Name and Office):

Date forwarded to Manager,  For:  Action  Information only  
Airworthiness (day/month/year):

Remarks:

**Section 3. To be completed by the Office of the Director, Flight Safety**

Received by:  Date (day/month/year):

Pre-application Number  Assigned Certification No.

Local Office Assigned Responsibility  Date forwarded to local office (day/month/year)

Assigned Team Leader  Date:

Remarks: