



UNMANNED AIRCRAFT SYSTEM OPERATING AUTHORIZATION APPLICATION

SECTION: A

Remote Pilot's Information

Name:

Address:

Phone number:

Email address:

Nationality:

National ID / Passport Number:

Visual Observer:

Yes

No

UAS Owner Information

Name:

Address:

Phone number:

Email address:

Nationality:

National ID / Passport Number:

Chamber of commerce number:



SECTION: B

Details of Unmanned Aircraft System (UAS)

Type of UAS: Fixed Wing Helicopter Multi-Rotor

Make:

Model:

Series:

Serial Number:

CASAS UAS registration markings:

UAS Specification

(a) **Weight - kg (Including Batteries):** (b) **Maximum Speed (km/h)(mph)(m/s):**

(c) **Maximum Flight Level/Height (m/ft.):** (d) **Maximum Flight Time (hrs/min):**

(e) **Maximum Distance to be operated from the remote pilot: (km/m)** (f) **Power Source:**

(g) **Does your UAS have provisions to attach equipment/any other object, e.g. camera, etc.:** Yes
No

(h) **Is any attachment expected to be utilized during intended operations?** Yes
No

If YES, please describe:



SECTION: C

Description of operation

Type(s) of intended operation(s)

- Aerial Photography
- Agriculture for Crop Monitoring/Inspection/Spraying
- Search and Rescue
- Research and Development
- Educational/Academic Use
- Mapping
- Security Surveillance
- Wildlife Survey
- Recreational (UAS weight above 25 kg)
- Other (Specify):

GEOGRAPHICAL BOUNDARIES OF INTENDED OPERATIONAL AREA (GPS – GOOGLE EARTH LATTITUDE/LONGITUDE):

Activity Details:

Expected date(s) of operation:

Expected start time:

Expected end time:

I certify that the information provided in this application is true and correct and that all UAS operations to be conducted will be in strict compliance with applicable Laws, Regulations and DDC No. 1-2019-OPS/AIR/AVSEC. I am aware of and hereby take responsibility for all pre-flight notifications and post-flight reporting requirements.

Completed by:

Pilot's Name:

Signature:

Date: