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|  | FORM:AC - UAS 001  Issue 1  November 2022 |

APPLICATION FOR REGISTRATION/OPERATION OF UNMANNED AIRCRAFT SYSTEMS/RPA/DRONES

**UAS/RPAS / Drone Operator Information**

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| --- | --- | --- |
| 1. | Name of UAS/RPAS /Drone operator |  |
| 2. | Nationality |  |
| 3. | State of UAS/RPAS /Drone operator |  |
| 4. | Physical address |  |
| 5. | Telephone (Mobile) |  |
| 6. | Email Address |  |
| 7. | Project / Program Owner |  |
| 8. | Project / Program Name |  |
| 9. | Project / Program Activity |  |
| 10. | Project Duration |  |
| 11. | UAS/RPAS /DroneApplication Justification |  |

**Line Ministry**

|  |  |  |
| --- | --- | --- |
| 12. | Ministry Letter of no Objection | *Attach copy* |

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| --- | --- | --- | --- |
| **UA/RPA /Drone Information and Performance Characteristics**  *Please complete this section for each model of* UAS/RPAS /Drone*you plan to use. If you plan to use more than one model of* UAS/RPAS /Drone*, you may submit separate sheets of this section foreach additional model.* | | | |
| 1. | Name of Manufacturer |  | |
| 2. | Brand/Model of UA/RPA /Drone *as described by the manufacturer)* |  | |
| 3. | UA/RPA /Drone Serial Number |  | |
| 4. | UA/RPA /Drone specifications | *a) Maximum take-off Weight:* |  |
|  |  | *b) Maximum operating speed:* | |
|  |  | *c) Maximum operating altitude:* | |
|  |  | *d) Maximum flight time:* | |
|  |  | *e) Power Source:* | |
|  |  | *f) Operating Frequency:* | |
| 5. | Details (type and specifications) of equipment fitted or to be (e.g. surveillance camera, night vision cameras or Infrared and similar thermal imaging/sensors technology, etc.) |  | |
| 6. | UA/RPA /Drone Operations Manual | (*Attach copy)* | |

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| **Details of types of operation(s) intended to be carried out by the operator/owner:** | | |
| * 1. Commercial Use:   Aerial photography/filming  Agriculture for crop monitoring/inspection Search and rescue  Research and development Educational/academic uses  Others (Specify)……………………………..........…   1. Recreational use 2. Private use | | |
| **Description of Activity and Location** | | |
| 1. | Nature of Operations: *For each type of operation selected from above, provide details of activity to be*  *undertaken such as filming, photographic, survey, surveillance, etc.)* |  |
| 2. | Describe contingency measures in the event of: *(This information may be submitted separately in the UA/RPA/DRONE operational document* | 1. *Loss of power in the* UA/RPA/Drone |
| 1. *Loss of link/remote control with the UA/RPA/Drone:* |
| 1. *Loss of line of sight with the RPA/Drone:* |
| 1. *Name and mobile telephone number of designated onsite safety personnel: (Designated onsite safety personnel must remain contactable for the duration of operations)* |

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| --- | --- | --- |
| 3. | Does the operation involve the carriage or discharge of any items or substances? | Yes □ No □ *(tick the applicable)* |
| 4. | If answer to item 3 is yes, please provide details of the items/substances carried and/or the means of discharge. | What is/are the items/substances being carried? |
| How is/are the items/substances being carried? |
| How is/are the items/substances being discharged? |
| 5. | Area of operations:  Provide details of geographical areas where activity is planned to take place.   *Attach Map (As applicable)* |  |

**UA/RPA/ Drone pilot(s) and Observer(s) information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name  (Indicate Pilot or Observer) | License / Training Certificate and Medical Certificate – *Attach Copy* | Experience of remote pilot or RPA observer *(detailed description):* |
| i |  |  |  |
|  |  |  |  |
| ii |  |  |  |
|  |  |  |  |
| iii |  |  |  |
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**Operations and Communication Capabilities**

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| --- | --- | --- |
| 1. | Type of Operation | VLOS □ BVLOS □ *(tick the applicable)* |
| 2. | Means of Communication with ATS |  |
| 3. | Means of Communication between remote pilot and observer |  |
| 4. | Command and control (C2) link: |  |

I ……………………………………….*[name of applicant]* HEREBY DECLARE that the above particulars are true in every respect and I apply for the remotely piloted aircraft to be registered in Uganda.

Date of application Signature

|  |  |  |  |
| --- | --- | --- | --- |
| **For CAA use** | | | |
| Registration Mark |  | Certificate Number |  |

*Notes:*

The following shall be presented in support of each application-

1. The remotely piloted aircraft to be registered;
2. A copy of the Manufacturer’s Instructions (Operating Manual/ Handbook);
3. Insurance cover.
4. Copy of the Operational Procedures Manual.
5. Registration fee of ………………..