



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

UAS/RPAS / Drone Operator Information

| | | |
|-----|---|--|
| 1. | Name of UAS/RPAS /Drone operator | |
| 2. | Nationality | |
| 3. | State of UAS/RPAS /Droneoperator | |
| 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 | <i>Attach copy</i> |
|-----|---------------------------------|--------------------|

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 for each 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) <i>Maximum take-off Weight:</i> |
| | b) <i>Maximum operating speed:</i> |
| | c) <i>Maximum operating altitude:</i> |
| | d) <i>Maximum flight time:</i> |
| | e) <i>Power Source:</i> |
| | f) <i>Operating Frequency:</i> |
| 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 | <i>(Attach copy)</i> |

Details of types of operation(s) intended to be carried out by the operator/owner:

- (a) CommercialUse:
- Aerial photography/filming
 - Agriculture for crop monitoring/inspection
 - Search and rescue
 - Research and development
 - Educational/academic uses
 - Others (Specify).....
- (f) Recreational use
- (g) Privateuse

Description of Activity and Location

| | |
|--|---|
| <p>1. Nature of Operations: <i>For each type of operation selected from above, provide details of activity to be undertaken such as filming, photographic, survey, surveillance, etc.)</i></p> | |
| <p>2. Describe contingency measures in the event of: <i>(This information may be submitted separately in the UA/RPA/DRONEoperational document</i></p> | <p>a) <i>Loss of power in the UA/RPA/Drone</i></p> <hr/> <p>b) <i>Loss of link/remote control with the UA/RPA/Drone:</i></p> <hr/> <p>c) <i>Loss of line of sight with the RPA/Drone:</i></p> <hr/> <p>d) <i>Name and mobile telephone number of designated onsite safety personnel: (Designated onsite safety personnel must remain contactable for the duration ofoperations)</i></p> |

| | |
|---|---|
| 3. Does the operation involve the carriage or discharge of any items or substances? | Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>tick the applicable</i>) |
| 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. <i>Attach Map (As applicable)</i> | |

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

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

Operations and Communication Capabilities

| | |
|---|---|
| 1. Type of Operation | VLOS <input type="checkbox"/> BVLOS <input type="checkbox"/> (<i>tick the applicable</i>) |
| 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-

- (a) The remotely piloted aircraft to be registered;
- (b) A copy of the Manufacturer's Instructions (Operating Manual/ Handbook);
- (c) Insurance cover.
- (d) Copy of the Operational Procedures Manual.
- (e) Registration fee of