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| **Note to Operator**  This document should be completed with reference to Advisory Circular AC 101-2-4: Unmanned Aircraft (UA) Operations over Roads within Visual Line of Sight (VLOS).  Information provided will assist CAAS in processing the permits in a more expedient manner. Operator should submit as early as possible, a point-by-point reply to the applicable requirement. Additional requirement may be specified by CAAS when deemed necessary.  Applicants are expected to complete the checklist in a clear manner by providing the relevant details of the operations as per the fields in this checklist. |

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| **ORGANISATION DETAILS** | |
| **Name of Operator:** | Click here to enter text. |
| **UOP No.:** | Click here to enter text. |
| **AP No.:** | Click here to enter text. You may add more than one AP. |
| **OPERATION DETAILS** | |
| **Assessed Risk Category of Operation:** | Select the highest risk category. |
| **UA Brand / Model:** | You may add more than one UA brand/model. |
| **Area of Operations:** | |
| To include details on such as address, nearby landmarks etc. The area of operation indicated in this text field will serve to scope the intended operation. | |

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| **ROAD DETAILS (please add more as required)** | | | | | |
| S/N | Road Name | Speed Limit (km/h) | Operating altitude  (ft in AMSL) | Number of Lanes | Descriptor of point of transit |
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| **OTHERS** | |
| Please include any maps / drawings to provide context on how the operations will be carried out and the point in which the transit over road will occur.  Please indicate the following:  1) Location of pilot  2) Take off position  3) Landing position  4) Point of transit over road(s) | |
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| **DECLARATION STATEMENT BY APPLICANT** |
| I declare that the information provided in this form meets the requirements as stated in the Advisory Circular AC 101-2-4.   |  |  |  | | --- | --- | --- | | Click here to enter text. |  | Click here to enter text. | | Name and Designation |  | Signature  Date: Click here to enter a date. | |

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| **FOR CAAS OFFICIAL USE ONLY** |
| |  |  |  | | --- | --- | --- | | Click here to enter text. |  |  | | Name of Officer |  | Signature  Date: Click here to enter a date. | | Click here to enter text. |  |  | | Name of Officer |  | Signature  Date: Click here to enter a date. | |