

Application for Exemption or Permission for Operation of Unmanned Aircraft Systems (UAS) In UK Airspace

Air Navigation Order 2016 - Article 94/95



This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

Please read the attached Guidance Notes before completing this form.

FALSE REPRESENTATION STATEMENT

It is an offence under the United Kingdom Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine, and on conviction on indictment with a fine or imprisonment or both.

1. APPLICANT TYPE

Individual	Complete Section 2(a)	Charity	Complete Section 2(c)
Partnership	Complete Section 2(a)	Other Government Organisation	Complete Section 2(c)
Private Clubs	Complete Section 2(c) (unless a Limited Liability Partnership or Limited Company)	Trust	Complete Section 2(c)
Limited Liability Partnership	Complete Section 2(a)	Public Educational Establishment (University/College)	Complete Section 2(c)
Limited Company	Complete Section 2(b)		

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

a) Individual (including sole traders and first party of partnerships)

Title: Forename: Surname:
Trading Name (if applicable):
Address 1:
Address 2:
Address 3:
Town/City: County:
Postcode: Country:
Telephone: Mobile Telephone:
E-mail:

a) Individual (second party of partnerships) (if applicable)

Title: Forename: Surname:
Address 1:
Address 2:
Address 3:
Town/City: County:
Postcode: Country:
Telephone: Mobile Telephone:
E-mail:

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

b) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address 1:

Registered Office Address 2:

Registered Office Address 3:

Town/City: County:

Postcode: Country:

Telephone:

E-mail:

Trading Name (if applicable):

Trading Address 1:

Trading Address 2:

Trading Address 3:

Town/City: County:

Postcode: Country:

Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

c) An Unincorporated Association or other body

Name of Unincorporated Association or other body:

Address 1:

Address 2:

Address 3:

Town/City: County:

Postcode: Country:

Telephone:

E-mail: Mobile Telephone:

Website address:

Authorised Representative(s):

This application is to be signed by a person or persons authorised by the body named above to act on behalf of it. This should normally be a member or members of the managing committee of the association or other body. Evidence of the authorisation to act on behalf of the association or body should be provided with the application.

3. POSTAL ADDRESS (if different from above)	
Title: Forename: Address 1: Address 2: Address 3: Town/City: County: Postcode: Country: Telephone: Mobile Telephone: E-mail:	Surname:

4. APPLICATION TYPE								
Select the type of application and use section 10 to define any Variation (select all boxes that apply) : ☐ Initial ☐ Renewal ☐ Variation ☐ Renewal with Variation Previous Permission or Exemption Expiry Date (Please state here): Mass and categories (select all boxes that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">☐ 7kg or less Multirotor</td> <td style="width: 25%;">☐ >7-20kg Multirotor</td> <td style="width: 25%;">☐ 7kg or less Fixed-Wing</td> <td style="width: 25%;">☐ >7-20kg Fixed-Wing</td> </tr> <tr> <td>☐ >20kg Helicopter/Multirotor</td> <td>☐ >20kg Fixed-Wing</td> <td></td> <td></td> </tr> </table> To aid our processing please enter the reference number of your previous Permission or Exemption if applicable: UAV (*A Variation or Renewal with Variation application will be charged at the Technical Change Rate, as per the Scheme of Charges)	☐ 7kg or less Multirotor	☐ >7-20kg Multirotor	☐ 7kg or less Fixed-Wing	☐ >7-20kg Fixed-Wing	☐ >20kg Helicopter/Multirotor	☐ >20kg Fixed-Wing		
☐ 7kg or less Multirotor	☐ >7-20kg Multirotor	☐ 7kg or less Fixed-Wing	☐ >7-20kg Fixed-Wing					
☐ >20kg Helicopter/Multirotor	☐ >20kg Fixed-Wing							

5. OPERATING LIMITATIONS AND CONDITIONS
Select the type of conditions and specify any parameters that apply. Please note that if multiple categories apply, you should select all boxes and specify the parameters that apply. Increased Operating Range: Height Increase within feet above the surface Extended Visual Line of Sight within feet above the surface and metres from Remote Pilot. Beyond Visual Line of Sight within feet above the surface/altitude/Flight Level and metres from Remote Pilot. Close Proximity Operation: ☐ Congested Area ☐ Reduced operating distances (from persons, vessels, vehicles and structures not under the control of the Remote Pilot) metres ☐ Reduced operating distances from an organised open-air assembly of more than 1,000 persons metres ☐ Other (Please state here): (*continue in Section 10 below if necessary)