



APPLICATION TO OPERATE REMOTELY PILOTED AIRCRAFT SYSTEMS (RPAS) BEYOND VISUAL LINE OF SIGHT (BVLOS) AND ABOVE 400 FEET AGL

(PLEASE WRITE IN BLOCK LETTERS)

- 1.Name of Applicant:
- 2.Name of Business (if applicable):
- 3.Contact Details:
 - 1. Phone/Cell:
 - 2. Email:
 - 3. Fax:
 - 4. Ghana Residential Address/GhanaPostGPS Address:

4. Make, model and serial number of RPAS:

5. Type of Operation (please tick all that apply):

Commercial	Private 🗆	Recreational \Box	bvlos 🗆
Above 400ft agl 🗌			

6. Please provide brief description of intended operations:

Please attach copy of current government issued I.D. or proof of business registration