



## 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