

Ghana Civil Aviation Authority

APPLICATION FOR SPECIAL AUTHORISATION FOR REMOTELY PILOTED AIRCRAFT SYSTEMS (RPAS) OPERATIONS

(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 | <input type="checkbox"/> | Private | <input type="checkbox"/> | Recreational | <input type="checkbox"/> |
| Carriage of goods | <input type="checkbox"/> | Carriage of dangerous goods | | | <input type="checkbox"/> |
| Banner towing | <input type="checkbox"/> | Dropping and discharging of things | | | <input type="checkbox"/> |
| Night operations | <input type="checkbox"/> | Cross border operations | | | <input type="checkbox"/> |
| Hazardous operations | <input type="checkbox"/> | Acrobatic, formation & racing flights | | | <input type="checkbox"/> |
| Operations in the restricted areas of aerodromes | | | | | <input type="checkbox"/> |
| Operations in areas of high RF transmission/interference | | | | | <input type="checkbox"/> |

6. Please provide brief description of intended operations:

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

Date:

Signature: