

# Ghana Civil Aviation Authority



## Application Form for Remotely Piloted Aircraft Operations by a Foreign Operator (To be completed by a foreign operator for an approval to conduct operations in Ghana )

### Sections 1, 2, 3 and 4 – to be completed by applicant

#### Section 1. Applicant information

1. Operator, or if applicable, Company registered name and trading name if different. Address: mailing address; telephone; fax; and e-mail.	2. Pilot(s) of remote aircraft. Address; mailing address; telephone; fax and e-mail.
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3. **Insurance Information:** Name of Insurer and address, including telephone; fax and e-mail

#### Section 2: Aircraft Identification

1. Aircraft registration number: \_\_\_\_\_

2. Aircraft identification to be used in radiotelephony, if applicable: \_\_\_\_\_

3. Aircraft type: \_\_\_\_\_

4. Aircraft description (e.g. Engines propellers, wing span): \_\_\_\_\_

5. Aircraft controlled vis

Line of Sight  
 Satellite  
 Computer Program  
 Other \_\_\_\_\_

6. Aircraft equipment (e.g. Sprayers, camera, type, live feed or photographs): \_\_\_\_\_

7. If camera equipped, aircraft camera transmission destination:

Operator/Company home base  
 Other (identify): \_\_\_\_\_

8. Frequency band to be used: \_\_\_\_\_

#### Section 3. Description of intended operation

1. Proposed type(s) of operation: check applicable boxes

a. <input type="checkbox"/> Aerial mapping b. <input type="checkbox"/> Aerial surveying c. <input type="checkbox"/> Aerial photography d. <input type="checkbox"/> Aerial advertising e. <input type="checkbox"/> Aerial surveillance and inspection f. <input type="checkbox"/> Forest fire management g. <input type="checkbox"/> Meteorological service h. <input type="checkbox"/> Search and rescue i. <input type="checkbox"/> Accident/Incident investigation	j. <input type="checkbox"/> Overflight only of Ghana k. <input type="checkbox"/> Overflight and technical stop in Ghana	l. <input type="checkbox"/> Cargo, indicate type: _____ l.a. Is cargo classified as dangerous goods: <input type="checkbox"/> yes <input type="checkbox"/> no l..b. Is payload: <input type="checkbox"/> internal <input type="checkbox"/> external	<input type="checkbox"/> Other: _____ _____
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#### 2. Flight Rules: check applicable boxes

- a.  VFR
- b.  IFR
- c.  IMC
- d.  VLOS (Visual Line of Sight)
- e.  BVLOS (Beyond Visual Line of Sight)
- f.  Above 400ft A.G.L.

#### 3. Data/Geographic areas/description of intended operations and proposed route structure:

- a. Date(s) of intended flight (dd/mm/yyyy): \_\_\_\_\_
- b. Point of departure: \_\_\_\_\_
- c. Destination: \_\_\_\_\_
- d. Route of be followed: \_\_\_\_\_
- e. Cruising speed(s): \_\_\_\_\_
- f. Cruising level(s)/altitude: \_\_\_\_\_
- g. Duration/frequency of flight: \_\_\_\_\_
- h. Emergency set down sites along route: \_\_\_\_\_
- i. For emergency landings:
  - 1. responsible person for aircraft recovery: \_\_\_\_\_
  - 2. responsible person for clean up if impact occurs: \_\_\_\_\_
- j. Emergency contact telephone numbers: \_\_\_\_\_

### Section 4: RPA Characteristics

#### 1. RPA Characteristics:

- i. Type of aircraft: \_\_\_\_\_
- ii. Maximum certificated take-off mass: \_\_\_\_\_
- iii. Number of engines: \_\_\_\_\_
- iv. Take-off and landing requirements: \_\_\_\_\_
- v. Detect and avoid capabilities: \_\_\_\_\_
- vi. Number and location of remote pilot stations as well as handover procedures between remote pilot stations, if applicable: \_\_\_\_\_
- vii. Payload information/description: \_\_\_\_\_
- viii. Visual control for takeoff and/or landing or takeoff and landing handled through camera on board: \_\_\_\_\_

#### 2. Performance characteristics:

- a. Operating Speeds: \_\_\_\_\_
- b. Typical and maximum climb rates: \_\_\_\_\_
- c. Typical and maximum descent rates: \_\_\_\_\_
- d. Typical and maximum turn rates: \_\_\_\_\_
- e. Maximum aircraft endurance: \_\_\_\_\_
- f. Other, such as limitations for wind, icing, precipitation: \_\_\_\_\_



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**3. Communications, Navigation and Surveillance capabilities**

- a. Aeronautical safety communication frequencies and equipment:
- i. ATC communications, including any alternate means of communication: \_\_\_\_\_
  - ii. Command and control links (C2) including performance parameters and designated operational coverage area; \_\_\_\_\_
  - iii. Communications between remote pilot and RPA observer, if applicable: \_\_\_\_\_
- b. Navigation equipment; and \_\_\_\_\_
- c. Surveillance equipment (e.g. SSR transponder, ADS-B out). \_\_\_\_\_

**4. Emergency procedures:**

- a. Communication failure with ATC: \_\_\_\_\_
- b. C2 failure: \_\_\_\_\_
- c. Remote pilot RPA observer communications failure, if applicable: \_\_\_\_\_
- d. Satellite failure, if applicable \_\_\_\_\_
- e. Recovery during unplanned landings: \_\_\_\_\_
- f. Communication procedure with local law enforcement in case of impact: \_\_\_\_\_

**Attach copies of the following, in English translation if original documents are not in the English language:**

- Proof of Economic Authority, if applicable;
- Certificate of registration;
- Certificate of airworthiness
- Insurance certificate;
- RPAS operator certificate (certified true copy);
- Remote pilot(s) license, showing English Language Proficiency at least ICAO Level 4, and medical certificate(s);
- Aircraft radio station license, if applicable;
- Noise certification document issued in accordance with ICAO Annex 16;
- Operator security programme; and
- Proposed flight plan to be filed with ATC

<b>Signature of Applicant:</b>	<b>Date (dd/mm/yyyy):</b>	<b>Name and title:</b>
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**Section 5 to be completed by the GCAA**

<b>Evaluated by (name and office):</b>	<b>GCAA decision:</b> <input type="checkbox"/> Approval granted <input type="checkbox"/> Not Approved
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**Remarks:**

<b>Signature of GCAA representative:</b>	<b>Date (dd/mm/yyyy):</b>
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