

# Ghana Civil Aviation Authority

## APPLICATION TO IMPORT REMOTELY PILOTED AIRCRAFT SYSTEMS (RPAS)

(PLEASE WRITE IN BLOCK LETTERS)

**1. Name of Importer:**

**2. Name of Owner/Company:**

**3. Nationality of Importer:**

**4. Country of Departure:**

**5. Contact Details:**

a) Phone/Cell:

b) Email:

c) Ghana Residential Address and GhanaPost GPS Address:

**6. Make, model and serial number of RPAS:**

**7. Date of Arrival and Duration of Stay:**

**8. Classification of Operation (Tick one):**

Commercial  Private  Recreational

**9. Use Case:**

Photography and Videography <input type="checkbox"/>	Mapping and Surveying <input type="checkbox"/>
Delivery and Logistics <input type="checkbox"/>	Agriculture <input type="checkbox"/>
Infrastructure Inspection <input type="checkbox"/>	Security and Law Enforcement <input type="checkbox"/>
Personal Use <input type="checkbox"/>	Disaster Management <input type="checkbox"/>

**10. Special Operational Authorisation (Tick all that apply):**

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"/>
BVLOS <input type="checkbox"/>	EVLOS <input type="checkbox"/>
Large or Heavy RPAS <input type="checkbox"/>	Transportation of people <input type="checkbox"/>
Restricted areas of aerodromes <input type="checkbox"/>	Restricted, prohibited, danger areas <input type="checkbox"/>
Populous areas* <input type="checkbox"/>	Special use areas or other no-fly zones <input type="checkbox"/>
High RF Transmissions areas <input type="checkbox"/>	None <input type="checkbox"/>

\*Within a radius of 30 meters from buildings and vehicles not under the person's control or group of people without explicit permission from relevant persons or owners

**I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any GCAA certificate to me.**

Date:

Applicant Signature:

For GCAA Official Use Only			
Identification <input type="checkbox"/>		Authorisation Letter/Note <input type="checkbox"/>	
Safety Course Certificate <input type="checkbox"/>		Company Registration Certificate <input type="checkbox"/>	
Insurance <input type="checkbox"/>		RPL (Large Drones Only) <input type="checkbox"/>	
Application Letter <input type="checkbox"/>		Customs Detention Receipt <input type="checkbox"/>	
Proof of Payment <input type="checkbox"/>		Others <input type="checkbox"/>	
GCAA Official's Recommendation: Issue Approval <input type="checkbox"/>		Deny Approval <input type="checkbox"/> CONOPs Required <input type="checkbox"/>	
Comments:			
GCAA Official Signature:		Date:	