

# Ghana Civil Aviation Authority

## APPLICATION FOR USE OF REMOTELY PILOTED AIRCRAFT SYSTEMS (RPAS)

(PLEASE WRITE IN BLOCK LETTERS)

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

**2. Nationality:**

**3. Contact Details:**

a) Phone/Cell:

b) Email:

c) Ghana Residential Address and GhanaPost GPS Address:

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

**5. Country of Origin:**

**6. Place of RPAS Purchase:**

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

Commercial  Private  Recreational

**8. 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"/>

**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"/>

\*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"/>	Others	<input type="checkbox"/>
Proof of Payment	<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:	