

Application for the Grant of Permission to Operate a UAV

| NAME: | |
|--|---------------------------------------|
| ADDRESS: | |
| DATE OF APPLICATION: | |
| LIST OF SUPPORTING DOCUMENTS: Include scope, insurance, details and no objection evidences. | |
| ACCOUNTABLE MANAGER: | |
| On behalf of the applicant named above, I hereby certify the application is true and complete. | nat the information contained in this |
| Name | Date |
| Position | |
| Contacts | |