

Application for operation of Small Unmanned Aircraft (SUA) in the Isle of Man

Email completed applications and supporting documents to caa@gov.im. By submitting your application you agree to have your name and permission types published on our website.

APPLICANT DETAILS							
Name							
Company							
Address and postcode				\neg			
Email							
Telephone							
	ame (and company name if applica	able) being published on our					
website along with a list of	f the permissions you hold?						
Do you consent to a copy of any permissions issued being sent to Isle of Man Airport ATC? If not, we will not be able to issue permission to fly SUA within 5km of Isle of Man Airport.							
You may withdraw consent at any time by emailing caa@gov.im.							
PERMISSIONS REQUEST	ED (tick all that apply)						
Flying SUA at night		Flying SUA with maximum tak	e-off mass 4kg or greater				
Flying SUA within 5km of Isle of Man Airport		Flying SUA more than 400 feet about ground level					
Flying SUA over or within 150m of a residential, commercial, industrial or recreational area							
Other (please specify)							
DURATION OF PERMISS	SION						
DURATION OF PERMISS		1					
Annual		Ad-hoc/temporary (enter requ	uested dates below)				
Start date		End date					

REMOTE PILOT (RP) DETAILS							
RP 1	Name						
A2 Certificate of Competence (A2CofC)		General VLOS Certificate (GVC)					
RP 2	Name						
A2 Certificate of Competence (A2CofC)		General VLOS Certificate (GVC)					
RP 3	Name						
A2 Certificate of Competence (A2CofC)		General VLOS Certificate (GVC)					
RP 3	Name						
A2 Certificate of Competence (A2CofC)		General VLOS Certificate (GVC)					
RP 4	Name						
A2 Certificate of Competence (A2CofC)		General VLOS Certificate (GVC)					
SMALL UNMANNED A	RCRAFT DETAILS						
SMALL UNMANNED AI	RCRAFT DETAILS Manufacturer						
		Maximum take-off mass					
SUA 1		Maximum take-off mass					
SUA 1 Model	Manufacturer	Maximum take-off mass Maximum take-off mass					
SUA 1 Model SUA 2	Manufacturer						
SUA 1 Model SUA 2 Model	Manufacturer Manufacturer						
SUA 1 Model SUA 2 Model SUA 3	Manufacturer Manufacturer	Maximum take-off mass					
SUA 1 Model SUA 2 Model SUA 3 Model	Manufacturer Manufacturer Manufacturer	Maximum take-off mass					
SUA 1 Model SUA 2 Model SUA 3 Model SUA 4	Manufacturer Manufacturer Manufacturer	Maximum take-off mass Maximum take-off mass					

DOCUMENTS ENCLOSED (tick all that apply)							
Operations manual			Evidence of remote pilot qualifications				
Copies of other permissions held			Pilot logbooks/evidence of recent experience				
OPERATIONS MANUA	L DETAILS						
Document title							
Version			Date				
OTHER PERMISIONS H	IELD						
Issuing authority							
Details							
LOCATION OF INTEND	ED FLIGHT (leave blank if a	nivlaae	g for annual	permission)			
Location(s)	•			,			
OS grid reference			Date		Time		
Purpose							
ADDITIONAL INFORM	ATION (if required)						

Our <u>Privacy Notice</u> explains how we collect, store and handle your personal data. If you would like to find out more please visit our <u>website</u> or contact our Data Protection Officer at <u>dpo-dfe@gov.im</u> for a paper copy.