

Department of Civil Aviation SSR International Airport Plaine Magnien	 APPLICATION FOR LIGHT UAS OPERATOR CERTIFICATE (LUC) (Under Regulation 13 of Civil Aviation (Unmanned Aircraft System) Regulations)	Issue: 1 Revision: 0 Date: 09 December 2024
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1. APPLICATION TYPE
New application <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/>
If renewal or amendment, please provide LUC Approval Reference Number:

2. UAS OPERATOR DATA	
UAS Operator Name:	
Postal Address:	
Email Address:	
Telephone:	
UAS Operator Identification:	
Company Name	
Business Address	
Brief Description of your Company's Activities in general and in relation to the Operation of UAS 	
Size of Company (number of employees)	1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> +15 <input type="checkbox"/>

Department of Civil Aviation
SSR International Airport
Plaine Magnien



**APPLICATION FOR LIGHT UAS OPERATOR
CERTIFICATE (LUC)
(Under Regulation 13 of Civil Aviation (Unmanned
Aircraft System) Regulations)**

Issue: 1
Revision: 0
Date: 09 December 2024

Insurance Details

Name of Insurer:

Insurance Policy No:

Limit of Insurance Liability:

Accountable Manager:

.....

National Identification Number:

.....

Passport Number:

.....

Telephone:

.....

Email Address:

.....

**Other management, e.g. operations manager,
technical manager, quality manager**

Position:

.....

National Identification Number:

.....

Passport Number:

.....

Telephone:

.....

Email Address:

.....

**Other management, e.g. operations manager,
technical manager, quality manager**

Position:

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3. UAS DETAILS¹	
Manufacturer:	Model:
Make:	Max Characteristic Dimensions: m
Serial Number:	
Type of UAS <input type="checkbox"/> Fixed-wing <input type="checkbox"/> Multi-Rotor <input type="checkbox"/> Hybrid If other, please specify	
MTOM: kg	Maximum Speed:m/s (.....kt)
Characteristic Dimension / Typical Kinetic Energy <i>(For aeroplanes: usually the length of the wing span; for helicopters: usually the distance between leading rotor tip and tail; for multirotors: the maximum distance between the tips of two propellers diagonally)</i> <input type="checkbox"/> 1 m / 700 J <input type="checkbox"/> 3 m / 34 J <input type="checkbox"/> 8 m / 1084 J <input type="checkbox"/> > 8 m / > 1084 J	
Mitigation of Effects of Ground Impact	<input type="checkbox"/> No <input type="checkbox"/> Yes, Low Robustness <input type="checkbox"/> Yes, Medium Robustness <input type="checkbox"/> Yes, High Robustness
Technical Requirement for Containment	<input type="checkbox"/> Basic <input type="checkbox"/> Enhanced
Type Certificate or Design Verification Report (if applicable):	
Number of Certificate of Airworthiness (if applicable):	
Number of the Noise Certificate (if applicable):	

¹ Section 3 shall be filled for each UAS. Please print additional pages if required.

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4. DETAILS OF UAS OPERATION

Expected Start Date of Operation:

Intended area(s) of Operation:

Upper Limit of the Operational Volume (AGL for operations under 400 ft and MSL for operations over 400 ft):

Level of assurance and Integrity:

Type of Operation: <input type="checkbox"/> VLOS <input type="checkbox"/> BVLOS	Risk Assessment Reference and Revision: <input type="checkbox"/> SORA Version: <input type="checkbox"/> PDRA #: <input type="checkbox"/> Other:
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Transport of Dangerous Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Ground Risk Characterisation	Operational area	<input type="checkbox"/> Controlled Ground Area <input type="checkbox"/> Sparsely Populated Area <input type="checkbox"/> Populated Area <input type="checkbox"/> Assembly of People
	Adjacent area	<input type="checkbox"/> Controlled Ground Area <input type="checkbox"/> Sparsely Populated Area <input type="checkbox"/> Populated Area <input type="checkbox"/> Assembly of People

Airspace Volume of the Intended Operation	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> G <input type="checkbox"/> U-space <input type="checkbox"/> Other: ...
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Residual Air Risk	Operational area	<input type="checkbox"/> ARC-a <input type="checkbox"/> ARC-b <input type="checkbox"/> ARC-c <input type="checkbox"/> ARC-d
	Adjacent area	<input type="checkbox"/> ARC-a <input type="checkbox"/> ARC-b <input type="checkbox"/> ARC-c <input type="checkbox"/> ARC-d

Brief Description of the Intended Operation(s):

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5. ATTACHMENTS		
Submission of the following documents are mandatory	Comments (optional)	
Operations Manual	<input type="checkbox"/> attached	
Safety Management Manual	<input type="checkbox"/> attached	
Compliance Matrix PDRA	<input type="checkbox"/> attached	
SORA – ConOps	<input type="checkbox"/> attached	
SORA – GRC, ARC, SAIL Calculations, OSOs and Safety Portfolio	<input type="checkbox"/> attached	
Proof of insurance	<input type="checkbox"/> attached	

6. DECLARATION	
<p>I, the undersigned, hereby declare that the above stated information is correct. I declare that the UAS operations comply with the Civil Aviation (Unmanned Aircraft System) Regulations 2024 and the Mauritius Civil Aviation Requirements (MCAR) - UAS.</p>	
Full Name of Accountable Manager	
Signature	
Date	

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7. FOR OFFICE USE ONLY

Remarks:

Comply with our requirements?
 Yes No

Name:..... **Position:** **Date:**.....

Signature:

Verified by:

Name: **Position:** **Date:**

Signature:

Recommended for approval by:

Name: **Position:** **Date:**

Signature:

Approved by:

Name: **Position:** **Date:**

Signature: