

## APPLICATION FOR OPERATIONS IN OPEN CATEGORY (Under Regulation 10 of Civil Aviation (Unmanned Aircraft System) Regulations))

Issue: 1 Revision: 0 Date: 09 December 2024

1. APPLICATION		
Initial Issue □ Rene	ewal □ Amendment □	
2. APPLICANT DETAILS		
Title	Mr □ Mrs □ Miss □	
Full Name		
Date of Birth		
Nationality		
Mauritian National Identification Number		
Passport Number		
Contact/Mobile Number		
Email Address		
Full Residential Address		
If registering for business purpose		
Company Name		
Business Address		
Business Registration Number		
Brief Description of your Company's Activities in general and in relation to the Operation of UAS		
UAS Operator Identification		
UAS Registration Number		



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Aircraft System) Regulations))

For foreigners already registered with Authority outside Mauritius

	7 7	,	
	uing Authority Name Country		
3.	TYPE OF OPEN SUB CATEGORY		
A1	□ A2 □	A3 🗆	
4.	FLYING ACTIVITY DETAILS		
Intended Area(s) of operation			
Deta	ails of Activity		
Insurance Details			
Nan	ne of Insurer		
Insu	urance Policy No.		
Lim	it of Insurance Liability		
Qualification Details			
Qua	alification of operator <sup>1</sup>		

<sup>&</sup>lt;sup>1</sup> Qualification of the operator will be authenticated with the competent issuing authority



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5. **ATTACHMENTS Comments** Submission of the following documents are mandatory (optional) Insurance Cover for Third Party Liabilities (including □ attached coverage in Mauritius) For sub category A1 and A3, proof of successful □ attached completion of theoretical training of UAS Pilot For sub category A2, UAS Pilot Certificate of Competency and proof of □ attached successful completion of practical training Type approval of the IJAS

issued by the Information and Communication Technologies Authority (ICTA) of Mauritius	□ attached			
6. DECLARATION				
I hereby declare:				
<ul> <li>(a) that to the best of my knowledge the particulars entered on this application form are accurate and correct in every respect.</li> <li>(b) that I have read and understood the UAS requirements and regulations published by DCA.</li> <li>(c) that I have provided all the mandatory documentations required to be submitted.</li> </ul>				
Full Name				
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:			
	<b>Duto</b> :			
Signature:				
Approved by:				
Name: Position:	Date:			
Name Fosition.	Date			
Signature:				