

Department of Civil Aviation SSR International Airport Plaine Magnien	 APPLICATION FOR OPERATIONS IN SPECIFIC CATEGORY (Under Regulation 11 of Civil Aviation (Unmanned Aircraft System) Regulations)	Issue: 1 Revision: 0 Date: 09 December 2024
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1. APPLICATION		
New application <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>

2. UAS OPERATOR DATA							
UAS Operator Name:	Company Name:						
Postal Address:							
Email Address:							
Telephone:							
UAS Operator Identification:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Accountable Manager:</td> </tr> <tr> <td>Mauritian National Identification Number:</td> <td>Passport Number:</td> </tr> <tr> <td>Telephone:</td> <td>Email Address:</td> </tr> </table>		Name of Accountable Manager:		Mauritian National Identification Number:	Passport Number:	Telephone:	Email Address:
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3. 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):

Insurance Details:
 Name of Insurer:
 Insurance Policy No:
 Limit of Insurance Liability:

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

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4. 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 4 shall be filled for each UAS. Please print additional pages if required.

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5. ATTACHMENTS

Submission of the following documents are mandatory		Comments (optional)
Operations 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

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.

Full Name of Accountable Manager	
Signature	
Date	

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7. FOR OFFICE USE ONLY
<p>Remarks:</p> <p>Comply with our requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:..... Position: Date:.....</p> <p>Signature:</p> <p style="background-color: #e0e0e0;">Verified by:</p> <p>Name: Position: Date:</p> <p>Signature:</p> <p style="background-color: #e0e0e0;">Recommended for approval by:</p> <p>Name: Position: Date:</p> <p>Signature:</p> <p style="background-color: #e0e0e0;">Approved by:</p> <p>Name: Position: Date:</p> <p>Signature:</p>