

Department of Civil Aviation SSR International Airport Plaine Magnien	 APPLICATION FOR REGISTRATION OF UNMANNED AIRCRAFT SYSTEM (UAS) OPERATOR (Under Regulation 7 of Civil Aviation (Unmanned Aircraft System) Regulations)	Issue: 2 Revision: 0 Date: 30 June 2025
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1. APPLICATION		
Initial Issue <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>

2. UAS OPERATOR DETAILS	
Title & Full Name ¹	
UAS Operator Identification Number	
Nationality	
Mauritian National Identification Number	
Phone Number	Home: Office: Mobile:
Email Address	
Full Residential Address	
If registered for commercial/business purpose	
Company Name	
Business Address	
Business Registration Number	
INSURANCE DETAILS (IF APPLICABLE)²	
Name of Insurer	
Insurance Policy No.	
Limit of Insurance Liability	
QUALIFICATION DETAILS (IF APPLICABLE)³	
Qualification of operator	
Validity of Operator qualification	

¹ Full name should appear as per Mauritian National Identification Card or Passport.

² Insurance cover is not applicable for operators using their UAS solely for leisure/recreational purposes.

³ Qualification of the operator is not applicable for operators using their UAS solely for leisure/recreational purposes. For operations other than leisure/recreational purposes, the qualification(s) will be authenticated with the competent Authority.

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3. UAS SPECIFICATIONS ⁴	
UAS Make	
UAS Model	
UAS Serial Number	
Country of Manufacture	
UAS Weight	
Type of UAS	Fixed Wing <input type="checkbox"/> Multi-Rotor <input type="checkbox"/> Hybrid <input type="checkbox"/> If other, please specify
Purpose of UAS	Aerial Media <input type="checkbox"/> Aerial Spotting <input type="checkbox"/> Aerial Agriculture <input type="checkbox"/> Aerial Survey <input type="checkbox"/> If other, please specify
UAS Registration Number	

4. ATTACHMENTS		
Submission of the following documents are mandatory	Comments (optional)	
Copy of Passport and/or National Identity Card of UAS Operator	<input type="checkbox"/> attached	
Proof of appropriate level of competency for UAS Pilots or other equivalent certificates	<input type="checkbox"/> attached	
Insurance Policy covering associated liabilities with the UAS(s)	<input type="checkbox"/> attached	

⁴ If multiple UAS(s) are registered with DCA, continue “section 2 – UAS Specifications” in additional pages to ensure comprehensive coverage of all UAS(s) details [List UAS(s) as UAS#1, UAS#2, UAS#3,...etc. for easy demarcation].

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5. DECLARATION	
<p>I hereby declare:</p> <p>(a) that to the best of my knowledge the particulars entered on this registration renewal form are accurate and correct in every respect.</p> <p>(b) that I have read and understood the UAS requirements and regulations published by DCA.</p> <p>(c) that I have provided all the mandatory documentations required to be submitted.</p>	
Full Name	
Signature	
Date	

5. FOR OFFICE USE ONLY	
<p>Remarks:</p> <p>Comply with our requirements?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, UAS Operator Identification:</p> <p>Name:..... Position: Date:.....</p> <p>Signature:</p>	
<p>Verified by:</p> <p>Name: Position: Date:</p> <p>Signature:</p>	
<p>Recommended for approval by:</p> <p>Name: Position: Date:</p> <p>Signature:</p>	
<p>Approved by:</p> <p>Name: Position: Date:</p> <p>Signature:</p>	