

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: 1 Revision: 0 Date: 09 December 2024
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1. UAS OPERATOR DETAILS	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
Full Name¹	
Date of Birth	
Nationality	
Mauritian National Identification Number	
Passport Number	
Phone Number	Home: Office: Mobile:
Email Address	
Full Residential Address	
If registering for 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	

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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2. UAS SPECIFICATIONS	
UAS Manufacturer	
Date of Manufacture	
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	

3. 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	<input type="checkbox"/> attached	

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4. DECLARATION

I hereby declare:

- (a) that to the best of my knowledge the particulars entered on this registration form are accurate and correct in every respect.
- (b) that I have read and understood the UAS requirements and regulations published by DCA.
- (c) that I have provided all the mandatory documentations required to be submitted.

Full Name	
Signature	
Date	

5. FOR OFFICE USE ONLY

Remarks:

Comply with our requirements?

Yes No

If yes, UAS Operator Identification:

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

Signature:

Verified by:

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

Signature:

Recommended for approval by:

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

Signature:

Approved by:

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

Signature: