

Department of Civil Aviation SSR International Airport Plaine Magnien	 <b>APPLICATION FOR REGISTRATION OF          UNMANNED AIRCRAFT SYSTEM (UAS)          (Under Regulation 5 of Civil Aviation (Unmanned          Aircraft System) Regulations)</b>	Issue: 1 Revision: 0 Date: 09 December 2024
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<b>1. REGISTRATION TYPE</b>
Choose recreational / commercial or government organisation registration based on how you will be operating your UAS. (please tick below) <input type="checkbox"/> Operating for Recreational <input type="checkbox"/> Operating for Commercial, Government or Non-recreational

<b>2. APPLICANT DETAILS</b>	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
<b>Full Name<sup>1</sup></b>	
<b>Date of Birth</b>	
<b>Nationality</b>	
<b>Mauritian National Identification Number</b>	
<b>Passport Number</b>	
<b>Phone Number</b>	Home: ..... Office: ..... Mobile: .....
<b>Email Address</b>	
<b>Full Residential Address</b>	
If registering for business purpose	
<b>Company Name</b>	
<b>Business Address</b>	
If not the UAS Operator	
If you are not the UAS Operator, please fill-in part 3, otherwise, proceed to part 4.	

<sup>1</sup> Full name should appear as per Mauritian National Identification Card or Passport.  
 UAS Registration Form

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3. UAS OPERATOR DETAILS	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
<b>Full Name<sup>2</sup></b>	
<b>Date of Birth</b>	
<b>Nationality</b>	
<b>Mauritian National Identification Number</b>	
<b>Passport Number</b>	
<b>Phone Number</b>	Home: ..... Office: ..... Mobile: .....
<b>Email Address</b>	
<b>Full Residential Address</b>	

4. UAS SPECIFICATIONS	
<b>UAS Status</b>	New <input type="checkbox"/> Used <input type="checkbox"/>
<b>UAS Manufacturer</b>	
<b>Date of Manufacture</b>	
<b>UAS Make</b>	
<b>UAS Model</b>	
<b>UAS Serial Number</b>	
<b>Country of Manufacture</b>	
<b>UAS Weight</b>	
<b>Type of UAS</b>	Fixed Wing <input type="checkbox"/> Multi-Rotor <input type="checkbox"/> Hybrid <input type="checkbox"/> If other, please specify .....

<sup>2</sup> Full name should appear as per Mauritian National Identification Card or Passport.  
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<b>Purpose of UAS</b>	Aerial Media <input type="checkbox"/> Aerial Spotting <input type="checkbox"/> Aerial Agriculture <input type="checkbox"/> Aerial Survey <input type="checkbox"/> If other, please specify .....
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<b>5. IF PREVIOUSLY REGISTERED IN ANOTHER COUNTRY</b>	
<b>Country of Registration</b>	
<b>UAS Registration Number</b>	
<p><b>Note:</b> If registered in another country, you are required to submit a proof of cancellation of registration from the issuing Authority.</p>	

<b>6. TYPE APPROVAL OF THE UAS ISSUED BY INFORMATION AND COMMUNICATION TECHNOLOGIES AUTHORITY (ICTA) OF MAURITIUS</b>	
<b>Type Approval Reference</b>	
<p><b>Note:</b> Please check the list of type approved UAS on ICTA website. If the type of your UAS is not available, an application should be made to ICTA.</p>	

<b>7. ATTACHMENTS</b>		
<b>Submission of the following documents are mandatory</b>		<b>Comments (optional)</b>
Copy of Passport and/or National Identity Card	<input type="checkbox"/> attached	
Photograph of your UAS (front view)	<input type="checkbox"/> attached	
Photograph of your UAS serial number	<input type="checkbox"/> attached	

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**8. 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.

<b>Full Name</b>	
<b>Signature</b>	
<b>Date</b>	

**9. FOR OFFICE USE ONLY**

**Remarks:**

**Comply with our requirements?**  
 Yes       No

If yes, UAS Registration 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:** .....