

Application for Authorization to Use Drones (UAS) within Controlled Airspace or Restricted Areas in Seychelles

This form should only be completed electronically and printed and signed. Send your completed authorization form to drones@scaa.sc
 This form must be submitted not less than 72 hours in advance of any intended operation.

FALSE REPRESENTATION STATEMENT
 It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the issue of any authorization/approval. Persons doing so render themselves liable and subject to prosecution under the current applicable regulation.

SECTION 1: APPLICANT INFORMATION

Full Name	
Address	
Email Address	

SECTION 2: DRONE(S) BEING USED FOR THIS OPERATION AND LIABILITY INSURANCE

Please enter below the registration number(s) that has been allocated to your drone(s) that will be used for this operation.
 Your drone(s) must be registered first before it can be allocated with a registration number. [Register here](#)

Drone 1		Drone 2	
Drone 3		Drone 4	
Provider of liability Insurance		Insurance Expiry Date	

SECTION 3: PURPOSE OF DRONE REQUEST/PROPOSED ACTIVITY/LOCATION/DATE/TIME

Provide full details of flight purpose (recreational, commercial, aerial works, photography and others). Depending upon your intended use and activity, other approvals/permission from appropriate organizations or individuals may be required before drone operation.

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Location(s) of Drone Operation		Expected Date(s) of Drone Operation	Expected Start Time / End Time		
1			Start Time		End Time
2			Start Time		End Time
3			Start Time		End Time
4			Start Time		End Time
5			Start Time		End Time
6			Start Time		End Time
7			Start Time		End Time
8			Start Time		End Time

The locations entered above must be specific locations in Seychelles. (Example: Praslin Island - Anse Georgette)

Maximum Flight Height (meters)	
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SECTION 4: DECLARATION BY APPLICANT

I hereby declare:

1. that to the best of my knowledge the particulars entered on this form are accurate and correct in every respect.
2. that I understand that this form must submitted not less than 72 hours in advance of any intended operation and that my application may be rejected if submitted at short notice.
3. that I understand that if this form contains missing or incomplete information that there may be a delay in the processing of my application and that my application may be rejected.

Signature of the applicant: Date (dd/mm/yyyy):