



Civil Aviation Authority of Sri Lanka

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Form No: CAA/AS/017

Application for Operation of Pilotless Aircraft

(Unmanned Aerial Vehicles / Remotely Piloted Aircraft/ Drones / Quadcopters etc.)

(To be submitted to the Director General of Civil Aviation via Postal address ; Civil Aviation Authority of Sri Lanka, No 04, Hunupitiya Road, Colombo 02 , Fax +94 11 2304641 or email scaiais@caa.lk , aiso1@caa.lk , hosans@caa.lk)

a	Name of the Applicant i. Postal Address ii. Telephone/ Fax iii. e-mail																																													
b	Name of the Operator i. Postal Address ii. Telephone/ Fax iii. e-mail																																													
c	Drone Specifications including Gross Mass (Weight) of the drone																																													
d	Purpose of operation	Leisure <input type="radio"/> Education <input type="radio"/> Commercial <input type="radio"/> Other																																												
e	Date of Operation																																													
f	Place of Operation																																													
g	If request is made for more than one operation, Pls fill the following table																																													
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h	Security clearance from the Ministry of Defence (MOD) / Office of the Chief of Defence Staff (OCDS) attached	Yes <input type="radio"/> No <input type="radio"/>																																												
i	Applicable Payment (Pink colour Receipt attached)	Yes <input type="radio"/> No <input type="radio"/>																																												
j	Other supportive Documents/clearances if applicable i Archeology Department ii Filming Cooperation iii Forest Department iv	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>	Yes	No	N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
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Date :

Signature of the Applicant: