



Application for operation of Small Unmanned Aircraft (SUA) in the Isle of Man

Email completed applications and supporting documents to caa@gov.im. By submitting your application you agree to have your name and permission types published on our website.

APPLICANT DETAILS	
Name	<input type="text"/>
Company	<input type="text"/>
Address and postcode	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Do you consent to your name (and company name if applicable) being published on our website along with a list of the permissions you hold? Consent, if given, may be withdrawn at any time by emailing caa@gov.im .	
	<input type="checkbox"/>

PERMISSIONS REQUESTED (tick all that apply)			
Flying SUA at night	<input type="checkbox"/>	Flying SUA with maximum take-off mass 4kg or greater	<input type="checkbox"/>
Flying SUA within 5km of Isle of Man Airport	<input type="checkbox"/>	Flying SUA more than 400 feet about ground level	<input type="checkbox"/>
Flying SUA over or within 150m of a residential, commercial, industrial or recreational area	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		

REMOTE PILOT DETAILS			
PILOT 1	Name	<input type="text"/>	
Full category NQE assessment	<input type="checkbox"/>	Restricted category NQE assessment	<input type="checkbox"/>
A2 Certificate of Competence (A2CofC)	<input type="checkbox"/>	General VLOS Certificate (GVC)	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

PILOT 2

Name

Full category NQE assessment

Restricted category NQE assessment

A2 Certificate of Competence (A2CofC)

General VLOS Certificate (GVC)

Other (please specify)

PILOT 3

Name

Full category NQE assessment

Restricted category NQE assessment

A2 Certificate of Competence (A2CofC)

General VLOS Certificate (GVC)

Other (please specify)

AIRCRAFT DETAILS**AIRCRAFT 1**

Manufacturer

Model

Maximum take-off mass

Number and type of
motorsControl
frequency**AIRCRAFT 2**

Manufacturer

Model

Maximum take-off mass

Number and type of
motorsControl
frequency**AIRCRAFT 3**

Manufacturer

Model

Maximum take-off mass

Number and type of
motorsControl
frequency**AIRCRAFT 4**

Manufacturer

Model

Maximum take-off mass

Number and type of
motorsControl
frequency

PROPOSED FLYING ACTIVITY (leave blank if requesting annual permission)

Location					
OS grid reference		Date		Time	
Purpose					

OTHER PERMISSIONS HELD

Issuing authority	
Details	

DOCUMENTS ENCLOSED (tick all that apply)

Operations manual	<input type="checkbox"/>	Evidence of remote pilot qualifications	<input type="checkbox"/>
Copies of other permissions held	<input type="checkbox"/>	Pilot logbooks/evidence of recent experience	<input type="checkbox"/>

ADDITIONAL INFORMATION (if required)

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SIGNATURE (digital signatures are acceptable)

Signed		Date	
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Our [Privacy Notice](#) explains how we collect, store and handle your personal data. If you would like to find out more please visit our [website](#) or contact our Data Protection Officer at dpo-dfe@gov.im for a paper copy.