



**APPLICATION FOR PERMIT TO OPERATE MODEL AIRCRAFTS,
 KITES, UNMANNED BALLOONS, PARASAILS & GYROGLIDERS**

Applicant's Details:

Applicant's Full Name (Including Initials):	Passport/ ID Card No.:
Date of Birth:	Nationality:
Email:	Phone Number:
Company or Organization:	Present Address:

Details of Operation:

Location Coordinates to WGS84: <i>(Degrees, minutes and seconds)</i> <i>(DD:MM:SS)</i>	Height to be flown (in feet):	Radius of operational area (in feet):
	Start Date:	Start Time:
	End Date:	End Time:
	Duration of Operation:	
(Map of proposed Flight Path Attached: Yes/ No) : Use separate paper		
Purpose of Operation (use separate paper if necessary):		

Particulars on Unmanned Aerial Vehicle (UAV):

Make: (attach specification if necessary):	Model:
Size: (radius or length x width)	Weight:
Serial Number/ Registration No.:	

Notes:

1. This form should be submitted to Maldives Civil Aviation Authority along with a copy of the permit issued by Ministry of Defence for the operation.
2. Maldives National Defence Force reserves the right to stop the operation if deemed necessary.
3. Drones shall be operated over land area provided that it is flown in an open space below 400 feet AGL and free from surrounding structures and outside the No Fly Zone of any aerodrome.
4. Drone No Fly Zone Charts can be downloaded from the link below:
<http://caa.gov.mv/beta003/operations/aerodromes/>
5. This form and the covering letter along with all supporting documents should be send to:

Chief Executive
Maldives Civil Aviation Authority
11th Floor, Velaanaage
Ameeru Ahmed Magu
Male', 20096
Republic of Maldives
Tel:+(960) 3324992
Fax:+(960) 3323039
Email: ans@caa.gov.mv

Declaration by the Applicant:

I, the undersigned, (name) certify that the information provided in this form is correct.

Signature:

Date:

For office use only:

Receiving Officer:	Date & Time:
Accepted/ Rejected (delete as appropriate) Name of Officer:	Date & Time: