



REMOTELY PILOTED AIRCRAFT (RPA)

Application Form to operate Remotely Piloted Aircraft (RPA) within Namibia.

Application Form for Remotely Piloted Aircraft Operations <i>To be completed by the Owner or Operator</i> <i>(Also to be completed by a foreign operator for an approval to conduct operations in Namibia)</i>	
Section 1. Applicant information	
<p>1a.</p> <p>Operator: YOUR NAME Your street address, Your town or city Your country</p> <p>Address: youremail@yourprovider.com Mobile phone: +### # # ## # #</p>	<p>2. The same as 1a, or as applicable for more than one pilot.</p>
<p>1b. RPA operator certificate number (if applicable): Not Applicable</p>	<p>2b. Remote pilot(s) license number(s) or letter of authorization if applicable: Not applicable</p>
<p>3. Insurance Information: Name of Insurer and address, including telephone: fax and e-mail. Insurer: YOUR INSURANCE – eg CoverDrone Address: Arrowscroft, 142 Nantwich Road, Crewe, Cheshire, CW2 6BG, United Kingdom Phone number: + 44(0)1270448998 e-mail: daniel@coverdrone.com Daniel Dodd – Aviation Manager</p>	
Section 2: Aircraft identification	
<ol style="list-style-type: none"> 1. Aircraft registration number, identifying marks, or serial numbers (as applicable): PLEASE INCLUDE a SERIAL NUMBER 2. Aircraft identification to be used in radiotelephony, if applicable: Not applicable 3. Aircraft type: DJI MAVIC AIR 4. Aircraft description (eg. Engines, propellers, wing span): Quadcopter 5. Aircraft controlled via <ul style="list-style-type: none"> <input type="checkbox"/> Line of sight <input type="checkbox"/> Satellite <input type="checkbox"/> Computer program <input checked="" type="checkbox"/> Other Advanced Pilot Assistance System (APAS) 6. Aircraft maximum flight altitude 5000 m ceiling 7. Aircraft maximum range from remote pilot station 10km 	

8. Aircraft equipment (eg. Sprayers, camera, type, live feed or photographs, aerial mapping equipment etc):
Camera for live feed and photographs

9. If camera equipped, aircraft camera transmission destination:
 Operator/Company home base
 Image transmission destination
 Other (identify):
Not applicable

10. Frequency band to be used: **2.400 - 2.4835 GHz , 5.725 - 5.850 GHz**

11. Aircraft radio station licence number, if applicable:
Not applicable

Section 3. Description of intended operation

1. Proposed type(s) of operation:
 Aerial mapping; Aerial surveying; Aerial photography; Aerial advertising
 Aerial surveillance and inspection; Forest fire management; Meteorological service
 Search and rescue; Accident/incident investigation;
 Cargo, indicate type of cargo: _____
Is cargo classified as dangerous goods: yes; no
Is payload internal or external
 Other (specify):
Recreational use only (video and photographs shooting)

2. **Flight Rules:** VFR; IFR; IMC; VLOS (Visual Line of Sight only)

3. **Dates/Geographic areas/description of intended operations and proposed route structure:**
a. Date(s) of intended flight (dd/mm/yyyy): **_from dd MMM YYYY to dd MMM YYYY**
b. Point of departure: **see attached MAP**
c. Destination: **see attached MAP**
d. Route to be followed: **see attached MAP**
e. Cruising speeds(s): **max 28 km/h**
f. Cruising level(s)/altitude: **below 150 ft**
g. Duration/frequency of flight: **21 min max**
h. Emergency set down sites along proposed route: **clear areas away from obstacles, property, or people**
i. For emergency landings:
1. responsible person for aircraft recovery: **Operator**
2. responsible person for clean up if impact occurs: **Operator**
j. Emergency contact telephone numbers: **Your cellphone**

Section 4. RPA Characteristics

1. **RPA Characteristics:**
a. Type of aircraft: **DJI MAVIC AIR**
b. Maximum certificated take-off mass: **430 g**
c. Number of engines: **4**
d. Take-off and landing requirements: **50m**
e. Detect and avoid capabilities: **None**

f. Number and location of remote pilot stations and handover procedures between remote pilot stations, if applicable: **N.A.**

g. payload information/description: **N.A.**

h. Visual control for takeoff and/or landing or takeoff and landing handled through camera on board: **YES**

2. Performance characteristics:

a. Operating speeds:

0 to 28.8 km/h

b. Typical and maximum climb rates:

2 -4 m/s

c. Typical and maximum descent rates:

1 -3 m/s

d. Typical and maximum turn rates:

Data not available

e. Maximum aircraft endurance:

20 min

f. Aircraft maximum flight altitude and maximum range from remote pilot station:

max altitude: 5000 meters, max range: 10km, but only to be used VLOS and below 150ft

g. Other, such as limitations for wind, icing, precipitation e.t.c.

limitations for wind: 29 -38 km/h

4. Communications, Navigation and Surveillance capabilities (not applicable for VLOS below 150 feet)

a. Aeronautical safety communications frequencies and equipment:

i. ATC communications, including any alternate means of communication, as applicable:

N.A.

ii. Command and control links (C2) including performance parameters and designated operational coverage area;

N.A.

iii. Communications between remote pilot and RPA observer, if applicable;

N.A.

b. Navigation equipment; and

N.A.

c. Surveillance equipment (e.g. SSR transponder, ADS-B out, as applicable).

N.A.

5. Emergency procedures:

a. Communications failure with ATC (if applicable):

Not applicable

c. Remote pilot RPA observer communications failure, if applicable:

Not applicable

d. Satellite failure, if applicable:

Not applicable

e. Recovery during unplanned landings:

By hand, and with use of GPS location software in RPS

f. Communication procedure with local law enforcement in case of impact:

By phone, to police (10111) and NCAA (081 721 0265)

Attach copies of the following, in English translation if original documents are not in the English language:

- Insurance certificate;
- Geographical maps of drone flight locations;
- Company registration and work permits (if applicable – commercial applications only): **N.A.**
- Noise certification document issued in accordance with ICAO Annex 16 (if applicable); **N.A.**

<ul style="list-style-type: none"> Operator security programme (if applicable); N.A. 			
Signature of Applicant:	PLEASE SIGN (ideally scan your signature, crop it, and paste it here :-)	Date (dd/mm/yyyy):	Name and title:
Section 5 to be completed by the NCAA			
AIR Evaluation by (name and office):		Sign:	
FOPS Evaluated by (name and office):		NCAA decision: <input type="checkbox"/> Approval granted <input type="checkbox"/> Not approved Sign:	
Remarks:			
Signature of NCAA representative:		Date (dd/mm/yyyy):	