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|  | | | | | **CIVIL AVIATION AUTHORITY OF MALAYSIA**  **Application for Special UAS Project Approval** | | | | | | | | | | | | | | | | | |
| **APPLICATION FOR** | | | | **OPERATIONS** | | | | | | | | | |  | | | | Initial | | | | |
|  | | | | PDRA | | | | | |  | | | | Renewal | | | | |
|  | | | | SORA | | | | | |  | | | | Renewal | | | | |
| **UAS OPERATOR DATA** | | | | | | | | | | | | | | | | | | | | | | |
| **1.1** | **UAS Operator registration number** | | | | | | | | |  | | | | | | | | | | | | |
| **1.2** | **UAS Operator Name** | | | | | | | | |  | | | | | | | | | | | | |
| **1.3** | **Place of Business** | | | | | | | | |  | | | | | | | | | | | | |
| **1.4** | **Email** | | | | | | | | |  | | | | | | | | | | | | |
| **1.5** | **Telephone Number** | | | | |  | | | | | | **Fax Number** | | | | | | |  | | | |
| **UAS DATA** | | | | | | | | | | | | | | | | | | | | | | |
| **2.0 Configuration** | | **Aeroplane** | | | | | **Helicopter** | | | | **Multirotor** | | | | **Hybrid/VTOL** | | | | | | | **Other** |
| **2.1 Manufacturer** | | | **2.2 Model** | | | | | | **2.3 Max characteristic dimension** | | | | **2.4 Total Number of UA operated** | | | | **2.5 MTOM** | | | **2.6 Serial Number** | | |
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| **3.0 NOMINATED POST HOLDERS** | | | | | | | | | | | | | | | | | | | | | | |
| **Personnel** | | | | | | | **Name & Designation** | | | | | | | | | **Contact Number & Email Address** | | | | | | |
| **Accountable Manager (AM)** | | | | | | |  | | | | | | | | |  | | | | | | |
| **Safety Manager (SM)** | | | | | | |  | | | | | | | | |  | | | | | | |
| **Flight Operations Manager (FOM)** | | | | | | |  | | | | | | | | |  | | | | | | |
| **Authorised Technical Personnel (ATP)** | | | | | | |  | | | | | | | | |  | | | | | | |
| **OPERATION** | | | | | | | | | | | | | | | | | | | | | | |
| **4.0 Proposed date for the commencement of operations** | | | | | | | | | | |  | | | | | | | | | | | |
| **4.1 Unmanned Traffic Management (UTM)** | | | | | | | **Own** | | | | | | | | | **Contracted** | | | | | | |
| **4.2 Description on UTM Capabilities** | | | | | | |  | | | | | | | | | | | | | | | |
| **4.3 ConOps** | | | | | | |  | | | | | | | | | | | | | | | |
| **4.4 Mitigation and operational safety objectives (OSOs)**  **(only applicable for SORA applicant)** | | | | | | |  | | | | | | | | | | | | | | | |
| **CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents to be submitted:** | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | |
| Cheque attached for application fee | | | | | | | | | | | | | | |  | | | | | |  | |
| Insurance cover will be in place at the start of the UAS Operations | | | | | | | | | | | | | | |  | | | | | |  | |
| Technical Characteristics of the UAS | | | | | | | | | | | | | | |  | | | | | |  | |
| Specific Operations Risk Assessment (only applicable for SORA applicant) | | | | | | | | | | | | | | |  | | | | | |  | |
| Operations Manual (if required by the SORA) | | | | | | | | | | | | | | |  | | | | | |  | |
| Location(s) of the proposed operation(s) in .kmz/.kml file | | | | | | | | | | | | | | |  | | | | | |  | |
| Leasing contracts for the UA | | | | | | | | | | | | | | |  | | | | | |  | |
| Qualification of the Nominated Post Holder(s) | | | | | | | | | | | | | | |  | | | | | |  | |
| Qualification of the Remote Pilot Certificate of Competency (RCoC) | | | | | | | | | | | | | | |  | | | | | |  | |
| PDRA Declaration Form (applicable to PDRA applicant) | | | | | | | | | | | | | | |  | | | | | |  | |
| Operations Manual (applicable to PDRA applicant) | | | | | | | | | | | | | | |  | | | | | |  | |
| SMS and ERP Manual (applicable to PDRA applicant) | | | | | | | | | | | | | | |  | | | | | |  | |
| **5.0 I, the undersigned, hereby declared that:**   * **The information provided in this application form is true and correct.** * **That the information provided in this application will allow CAAM to calculate an estimate for service for processing this application.** * **That the cost estimate may change, and processing the application may be delayed, if:**   + **The application does not accurately and completely identified my requirements; or**   + **The details in the application are subsequently changed; or**   + **Adequate supporting documentation has not been provided.** * **For the CAAM to proceed with this application, I must:**   + **Accept the cost estimate; and**   + **Forward the prescribed payment; and**   + **Forward all supporting documentations to the CAAM.**   **I, the undersigned, hereby declared that the UAS operation will comply with:**   * **Any applicable UAS Regulations and rules related to privacy, data protection, liability, insurance, security and environmental protection;** * **The applicable requirements of MCAR and its legislation pertaining UAS; and** * **The limitations and conditions defined in the Special UAS Project Approval provided by the CAAM.**   Note: I am aware of, and accept, the risk that information sent via email may be intercepted and read during transmission, not delivered or modified. (If you do not accept, material will be sent by post).    Name, Signature of Accountable Manager & Company Stamp Date (Day / Month / Year) | | | | | | | | | | | | | | | | | | | | | | |

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| **CAAM USE** | |
| REMARKS: | |
| Signature: | Date: |
| Accepted by UASI: | |
| Signature: | Date: |
| Director of Flight Operations: | |

**FOR CAAM USE ONLY**

|  |  |
| --- | --- |
| Application Fee: |  |
| Receipt No: |  |
| Cheque / P.O: |  |
| Initial: |  |
| Date: |  |

UASI Name

ACCEPT REJECT

Remarks

UASI Signature

Date

Instructions for filling in the form

|  |  |
| --- | --- |
| 1.1 | UAS Operator Registration number issued by the CAAM (not applicable for first time applicant) |
| 1.2 | UAS Operator Name |
| 1.3 | Place of Business of operations, if SUP Approval Holder changes the address of their operations, they must notify in writing to the CAAM before the change becomes effective |
| 1.4 | Email address of the person to be contacted (preferably the Accountable Manager) |
| 1.5 | Telephone number and Fax number of UAS Operator |
| 2.0 | Configuration of UA |
| 2.1 | The name of the manufacturer of the UAS |
| 2.2 | The model of the UAS as defined by the manufacturer |
| 2.3 | The maximum characteristic dimension of the UA in metres   * for aeroplanes: the length of the wingspan; * for helicopters: the diameter of the propellers; * for multi-rotors: the maximum distance between the tips of 2 opposite propellers |
| 2.4 | The total number of UA operated for each type |
| 2.5 | UA MTOM in kilogrammes (refer to definition 22 for guidance) |
| 2.6 | The serial number of the UA defined by the manufacturer (if any) and the approved MCMC label serial number, SIRIM Type Approval / Certificate of Conformity (serial Number) or SIRIM Special Approval Certificate (serial number). The serial numbers shall be separated by (/) in between |
| 3.0 | Names and contact details of the Nominated Post Holders |
| 4.0 | The proposed date for the commencement of operations |
| 4.1 | Will a contracted or own UTM system will be used to meet the compliance of Chapter 7 of CAD 6011 (V) |
| 4.2 | Description of the UTM system meeting the minimum requirement listed in Chapter 7 of this CAD 6011 (V) and any additional capabilities (if any) |
| 4.3 | The description of the intended operation characterizing the area where it will take place (i.e., urban, sparsely populated, industrial, etc.) and the airspace |
| 4.4 | A list of the mitigation measures and the OSOs put in place, proposed by the UAS Operator. Sufficient information should be provided to the CAAM to assess the robustness of the measures |
| 5.0 | Declaration by AM |