Application for

Special Flight Operations Certificate (SFOC)

for the purpose of operating

Remotely Piloted Aircraft System (RPAS)

Civil Aviation Authority, Bangladesh

Headquarters, Kurmitola. Dhaka-1229

Web: www.caab.gov.bd    Phone: 880 2 8901406    E-mail: dfsr@caab.gov.bd

Falsification/wrong information may render the application being cancelled & be subjected to legal action
A. Applicant / Company Information

1. Name of the Applicant/Company : ________________________________
   National Identification/Business Identification Number (NID/BIN) : ________________________________

2. Address : ________________________________________________

3. Contact Number : __________________________________________

4. E-mail : __________________________________________________

5. Fax : _____________________________________________________

B. Event Director / Operational Manager

1. Name : ________________________________________________

2. Address : ______________________________________________

3. Contact Number : _________________________________________

4. E-mail : ________________________________________________

5. Fax : ___________________________________________________

C. Type and Purpose of Operation (please √ the appropriate)

- Flying Training
- Aerial Photography
- Recreational
- Videography
- Research
- Survey
- Advertising
- Others: __________________________

D. Dates and Times

Date from DD | MM | YYYY to DD | MM | YYYY

Flight Operations times from __________________ hrs to __________________ hrs

Falsification/wrong information may render the application being cancelled & be subjected to legal action
E. Description of RPAS (please ✓ the appropriate)

<table>
<thead>
<tr>
<th></th>
<th>Airplane</th>
<th>Rotary Wing</th>
</tr>
</thead>
</table>

General Description (model name, wingspan or size; photo to be attached), use additional page if required

Propulsion:
- Internal Combustion
- Jet
- Electric
- Other

Weight with full load ________ (kg)

Payload ________ (kg)

Is the model equipped with a fail-safe feature?  Yes [ ] No [ ]

Redundant batteries or power supply?  Yes [ ] No [ ]

Redundant flight surface control  Yes [ ] No [ ]

Additional Safety Features

F. Emergency Contingency Plan

Distance & name of nearest medical facility  : ________________________________

Distance & name of nearest fire station  : ________________________________

Falsification/wrong information may render the application being cancelled & be subjected to legal action
**G. Details of the area to be used for operation**

1. **Name of the Location**: __________________________
2. **Full Address**: __________________________
3. **Lat/Long**: __________________________
4. **Google Map Ref (attach picture)**: __________________________

**H. Pilot Information**

1. **Name**: __________________________
2. **Address**: __________________________
3. **Contact Number**: __________________________
4. **E-mail**: __________________________
5. **Brief summary of pilot's experience**: (years in radio control flying, time on similar type of model, etc)

6. **Any other relevant experience to indicate familiarity with Civil Aviation Regulations**

**I. Insurance**

1. **Name of Insurance Company**: __________________________
2. **Policy Number**: __________________________
3. **Agent Name & Contact Details**: __________________________
4. **E-mail**: __________________________
5. **Summary of Coverage**: __________________________

---

Falsification/wrong information may render the application being cancelled & be subjected to legal action.
J. Declaration