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

A. Applicant / Company Information

1. Name of the Applicant/Company : _____

2. National Identification/Business Identification Number (NID/BIN) : _____

3. Address : _____

4. Contact Number : _____

5. E-mail : _____

6. 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)

Airplane	**Rotary Wing**

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   : _____

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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**   : _____

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J. Declaration