



香港特別行政區政府

民航處

Civil Aviation Department

The Government of the Hong Kong Special Administrative Region

## Application for Category C Small Unmanned Aircraft Operation

1. Please read the Safety Requirements Document and the relevant CAD Advisory Circular(s) for detailed requirements before completing this application form.
2. The completed form shall be submitted to the CAD by email to [sua@cad.gov.hk](mailto:sua@cad.gov.hk), accompanied by relevant application fee.<sup>1</sup>

### 1. APPLICANT'S PARTICULARS

Name of Organisation (in full): \_\_\_\_\_

Business Registration Certificate No.: \_\_\_\_\_

*Note: The organisation shall demonstrate its local nexus (such as be registered in Hong Kong under the Business Registration Ordinance (Cap. 310))*

Registered Address: \_\_\_\_\_

Name of Accountable Manager (in full): \_\_\_\_\_

Post Title in the Organisation: \_\_\_\_\_

Contact Tel. No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I acknowledge that, upon issuance of the AOP, my organisation would be listed as the Advanced Operations Permission Holder on the CAD website.*

For existing AOP Holder

Advanced Operations Permission No.: AOP \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

### 2. OPERATION DETAILS

Justification for the operational needs of the flight (**Attach additional sheets if required**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> The application fee relating to the permission will be waived until further notice.

Model of SUA to be used and maximum weight of the drone during operations in kg: <hr/> <hr/> <hr/>	
Name of Remote Pilot(s) and Remote Pilot certificate reference number: <hr/> <hr/> <hr/>	
Date of operation: _____ Time of operation: _____ Location of operation site: _____	
<b>Operations within Restricted Flying Zone</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Section 2A)</span>	
Name of Restricted Flying Zone(s) involved: <hr/>	
Designated by <input type="checkbox"/> Director-General of Civil Aviation <input type="checkbox"/> Secretary for Security <input type="checkbox"/> Hong Kong Police Force <i>*Note: The applicant should identify and specify above all restricted flying zone(s) involved in the operation.</i>	
Consent / Permission / Licence from Government Bureaux / Departments: <input type="checkbox"/> Yes. B/D concerned: _____ Relevant Document Attached: _____ <input type="checkbox"/> No. Reason: _____	
Relevant Operating Procedures documented in Operations Manual: Issue/Revision No: _____	
<b>2A. Pre-defined Scenario #1</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           I am applying operation under <b>Pre-defined Scenario #1</b> (refer to AC-014 section 7)         </div> <div style="width: 35%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> No, but the type of operation is same as previous successful application            (AOP No.: _____)         </div> </div>	
<b>Operating Requirements in Pre-defined Scenario #1</b>	<b>Adherence?</b>
Area of operations <ul style="list-style-type: none"> <li>Controlled ground area without any uninvolved people, vehicles and vessels</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Description of proposed ground area: <hr/>

Time of operations <ul style="list-style-type: none"> <li>Daylight hours only</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Proposed operating hours: _____
Maintain visual line of sight (VLOS)	<input type="checkbox"/> Yes <input type="checkbox"/> No^ (Please tick one of the following) <input type="checkbox"/> EVLOS <input type="checkbox"/> BVLOS
Maximum flying altitude <ul style="list-style-type: none"> <li>300 ft Above Ground Level (“AGL”)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Proposed maximum altitude: _____ ft AGL
Minimum lateral separation from uninvolved people/structures/vehicles/vessels* <ul style="list-style-type: none"> <li>30 m*</li> </ul> <i>*Cordon line must be established. For tethered operations with the tether length not exceeding 25 m, the minimum lateral separation from uninvolved people/structures/vehicles/vessels = tether length + 5m from the point where the tether is fixed to the ground.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Minimum lateral separation: _____ m
Maximum speed <ul style="list-style-type: none"> <li>20 km/hr</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Proposed maximum speed: _____ km/hr
Maximum number of SUA to be operated by a remote pilot at the same time <ul style="list-style-type: none"> <li>1</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Proposed maximum number of SUA to be operated by one remote pilot: _____
Maximum characteristic dimensions of SUA (e.g. wingspan or longest distance between any two rotor blade tips) <ul style="list-style-type: none"> <li>3 m, except that the longest distance between any two rotor blade tips can be up to 3.2 m</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No^ Proposed maximum characteristic dimension: _____ m
Dropping from SUA <ul style="list-style-type: none"> <li>Considered on a case-by-case basis and the operator shall ensure that the mechanism of payload release will prevent accidental dropping or release of any substance</li> </ul>	<input type="checkbox"/> No <input type="checkbox"/> Yes^ Proposed weight and nature of payload: _____ _____
^Note: Please provide justifications, risk assessment and safety mitigation measures as stipulated in paragraph 11.8 of AC-014	

3. REQUIRED DOCUMENTS	
Required Documents	Submitted?
<b>I. Business Registration</b>	
Organisation registration document (E.g. a copy of the Business Registration Certificate or other equivalent registration document issued by the Hong Kong SAR Government)	<input type="checkbox"/> Yes (File / Document name: _____) <input type="checkbox"/> Same as previous successful application (AOP No. _____)
<b>II. Company Background</b>	
Description of the organisation's nature of work	<input type="checkbox"/> Yes (File / Document name: _____) <input type="checkbox"/> Same as previous successful application (AOP No. _____)
<b>III. Organisation Structure</b>	
	<input type="checkbox"/> Yes (File / Document name: _____) <input type="checkbox"/> Same as previous successful application (AOP No. _____)
<b>IV. Resume (CV) of Accountable Manager</b>	
Contact details, role in organisation and CV of the Accountable Manager	<input type="checkbox"/> Yes (File / Document name: _____) <input type="checkbox"/> Same as previous successful application (AOP No. _____)
<b>V. Qualification and Training Record of Pilots</b>	
List of Remote Pilots involved in the intended operation with the following details: <ul style="list-style-type: none"> <li>• Personal particulars (e.g. full name and contacts)</li> <li>• Qualifications (e.g. the reference number and validity of the remote pilot certificate)</li> <li>• Training records (e.g. date and content of the initial and any recurrent training received by the crew members)</li> </ul>	<input type="checkbox"/> Yes (File / Document name: _____) <input type="checkbox"/> Same as previous successful application (AOP No. _____)
<b>VI. List of SUA(s) to be used for the Intended Operation</b>	
<ul style="list-style-type: none"> <li>• SUA registration number</li> <li>• Manufacturer name (if applicable)</li> <li>• Model name or model number (if applicable)</li> <li>• Type of SUA (e.g. drone, controlled model fixed wing, etc.)</li> <li>• Serial number of aircraft body or flight controller (if any)</li> <li>• Weight and maximum characteristic dimension of SUA</li> <li>• Other technical specifications of the SUA (e.g. wind speed limitation)</li> </ul>	<input type="checkbox"/> Yes (File / Document name: _____) <input type="checkbox"/> Same as previous successful application (AOP No. _____)

VII. Technical and Equipment Requirements	
<ul style="list-style-type: none"> <li>• A Category C SUA is issued with a Type Certificate (“TC”) by a national aviation authority (“NAA”) in accordance with certification standards defined in ICAO Annex 8 as accepted by the CAD;</li> <li>• A Category C SUA is issued with an official document or a documentary substantiation by the SUA manufacturer to demonstrate compliance with technical standards of its national authority or NAA as accepted by the CAD; or</li> <li>• A self-assembled or self-built SUA Category C SUA is demonstrated in conformity to a NAA-approved design or a national authority’s technical standards as accepted by the CAD and assessed to the satisfaction of the CAD.</li> </ul>	<input type="checkbox"/> Yes (File / Document name: _____)  <input type="checkbox"/> Same as previous successful application (AOP No. _____)  <input type="checkbox"/> No, alternative(s) and supporting documents attached. (File name: _____)  Type of document attached: <input type="checkbox"/> Type Certificate <input type="checkbox"/> SUA manufacturer’s official document / documentary substantiation <input type="checkbox"/> Demonstrated conformity to a NAA approved design
VIII. Operations Manual	
Please refer to the requirements in Appendix A of the CAD Advisory Circular AC-014 <i>Please fill ‘OM Checklist’ if you are a new applicant / have made any changes to the OM of a successful application</i>	<input type="checkbox"/> Yes (File / Document name: _____)  <input type="checkbox"/> Same as previous successful application (AOP No. _____)
IX. Flight Plan	
The flight plan shall at least include the following details. Any information that is subject to further changes shall be clearly indicated. <ul style="list-style-type: none"> <li>• Take-off / landing point</li> <li>• Flight path / area</li> <li>• Geo-fencing boundary</li> <li>• Altitude and speed</li> <li>• How is VLOS maintained</li> <li>• Position of remote pilot and other crew members</li> <li>• The method of maintaining minimum separation from uninvolved persons and vehicle, vessel or structure not under control of remote pilot</li> </ul>	<input type="checkbox"/> Yes (File / Document name: _____)  <input type="checkbox"/> Same as previous successful application (AOP No. _____)
X. Risk Assessment	
A risk assessment identifying hazards specific to proposed Category C SUA operations and the corresponding risk mitigation measures. [Please refer to the requirements in the respective CAD Advisory Circular(s) (e.g. Appendix B)]	<input type="checkbox"/> Yes (File / Document name: _____)  <input type="checkbox"/> Same as previous successful application (AOP No. _____)
XI. Insurance Policy	
A policy of insurance is in force to insure a person or a class of person for third-party liability (for bodily injury and/or death) with minimum coverage of HKD \$15 million (for over 25kg and under or equal to 75kg) / \$20 million (for over 75kg and under 150kg) for the proposed operations.	<input type="checkbox"/> Yes (File / Document name: _____)  <input type="checkbox"/> Same as previous successful application (AOP No. _____)

<b>OM Checklist (OM File Name: _____)</b> *Only fill if you select 'yes' in Required Documents Section VIII.		
Required sections		Included?
<b>Part A – Organisational Procedures</b>		<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as accepted OM Rev _____ * <i>*Do not fill the sections under part A</i>
<b>A.1</b>	<b>Administration</b>	<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as accepted OM Rev _____ * <i>*Do not fill the sections under part A.1</i>
1.1	Contents <ul style="list-style-type: none"> <li>Brief list of OM contents</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
1.2	Introductory statement and applicability <ul style="list-style-type: none"> <li>State the applicability of this OM to whom and when the contents within this OM must be adhered to.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
1.3	Definitions <ul style="list-style-type: none"> <li>Include any common acronyms, if necessary.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
1.4	Document control and amendment procedure <ul style="list-style-type: none"> <li>Include access and distribution, amendment procedure, revision history and means to indicate amendments.</li> </ul> <i>Note: Amendments shall be accepted by the CAD coming into effect.</i>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
<b>A.2</b>	<b>Organisation</b>	<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as previous OM Rev _____ * <i>*Do not fill the sections under part A.2</i>
2.1	Structure of organisation and management lines <ul style="list-style-type: none"> <li>Organogram with brief description</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
2.2	Roles and responsibilities <ul style="list-style-type: none"> <li>Specify the roles and responsibilities of each key position, including Accountable Manager, remote pilot, supporting crew, visual observer, maintenance personnel, and etc.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
2.3	Competency of the personnel <ul style="list-style-type: none"> <li>Detail the qualification/experience/training requirements required for each position of personnel.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____

2.4	<b>Training programme</b> <ul style="list-style-type: none"> <li>Detail the training programme (OEM and internal training, as well as initial and recurrent training) for each type/model of SUA and/or type of operation.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
2.5	<b>Safety and quality assurance</b> <ul style="list-style-type: none"> <li>Detail the safety and quality assurance activities for operation and ensuring continuous compliance with applicable requirements, Operations Manual, and etc.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
2.6	<b>Accident / incident handling and reporting</b> <ul style="list-style-type: none"> <li>Describe the internal and external reporting procedures for accident/ incident (e.g. definition, reporting line and timeframe), as well as the investigation and follow-up policy (e.g. root cause identification, corrective action).</li> </ul> <p><i>Note: The following reporting procedures to authorities shall be followed:</i></p> <p>(i) <i>Notify Police by phone immediately and an email notification to the CAD at sua@cad.gov.hk, if the operation has caused any damage to property or injury to person;</i></p> <p>(ii) <i>Within 24 hours of any incident or accident (whether or not there was damage to third party property or injury), provide full details of the circumstances in writing to the CAD by email to sua@cad.gov.hk.</i></p> <p>(iii) <i>Within 3 calendar days, provide additional details and/or investigation findings by email to sua@cad.gov.hk.</i></p>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
<b>A.3</b>	<b>Overview of the SUA System and Safety Equipment</b>	<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as previous OM Rev _____ * <i>*Do not fill the sections under part A.3</i>
3.1	Provide information about the SUA such as: <ul style="list-style-type: none"> <li>(i) SUA registration number</li> <li>(ii) Manufacturer name (as applicable)</li> <li>(iii) Type of SUA (e.g. multi-copter / fixed-wing / helicopter)</li> <li>(iv) Model name or model number (as applicable)</li> <li>(v) Serial number of aircraft or flight controller (as applicable)</li> <li>(vi) Weight and size of SUA</li> <li>(vii) Payload</li> <li>(viii) Command and control (C2) Link</li> <li>(ix) Navigation and positioning system and fall-back design</li> <li>(x) Sensing system and collision avoidance</li> <li>(xi) Means to cage the SUA within intended area of operations</li> <li>(xii) Fail-safe mechanism</li> <li>(xiii) Other technical specifications including maximum take-off weight, maximum flying altitude, maximum speed, maximum operating time, wind speed limitation, other weather limitation etc.</li> <li>(xiv) Full technical specifications can be supplemented in the Appendix or as a separate technical manual.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____

3.2	<p>Brief technical description of the SUA controlling system (including ground station, remote controller, flight controlling software, etc.)</p> <p>(i) Display of telemetry data and warning</p> <p>(ii) Primary and redundancy C2 link network, its frequency, maximum working distance, latency, etc.</p> <p>(iii) State how a C2 link between the SUA and the ground control station is established and maintained.</p>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
3.3	<p>Brief technical description of the safety system</p> <p>(i) Manufacturer and model name</p> <p>(ii) Minimum deployment altitude</p> <p>(iii) Descent rate</p> <p>(iv) Triggers</p> <p>(v) Conformity to relevant industry standard or manufacturer acceptance, and etc.</p>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
3.4	<p>Maintenance</p> <p>(i) Maintenance schedule</p> <p>(ii) Maintenance personnel</p> <p>(iii) Maintenance instruction / procedure</p> <p>(iv) Record of defects and maintenance</p> <p>(v) Test before returning to service</p>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
<b>A.4</b>	<b>Operational Control</b>	<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as accepted OM Rev _____ * <i>*Do not fill the sections under part A.4</i>
4.1	<p>Monitoring of SUA operation</p> <p>(i) Describe how the various operating parameters will be monitored by the remote pilot / operating crew. This shall include (but not be limited to) flight altitude, latitude &amp; longitude, GNSS / GPS / RTK equipage, battery level, geo-fencing, C2 link between each SUA and the ground control station.</p> <p>(ii) Maintain a good lookout at all times and avoid collision with other aircraft (both manned and unmanned).</p>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
4.2	<p>Management of cordon-off area</p> <ul style="list-style-type: none"> <li>Describe how the cordoning measures are maintained and the access control is exercised.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
4.3	<p>Crew health</p> <ul style="list-style-type: none"> <li>A statement and any guidance to ensure that the crew are appropriately fit before conducting any operations.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
4.4	<p>Emergency abort criteria</p> <p>(i) State the abort conditions which, if reached, would lead to an immediate and safe termination of the operation.</p> <p>(ii) State who is responsible to make real-time decision to abort the operation.</p>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____



<b>A.5</b>	<b>Permission Maintenance</b>	<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as accepted OM Rev _____ * <i>*Do not fill the sections under part A.5</i>
5.1	Documentation and records <ul style="list-style-type: none"> <li>Indicate the documents/checklists/records to be maintained and the retention period (at least 2 years upon flight date)</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
5.2	Change of information <ul style="list-style-type: none"> <li>Indicate the procedures to initiate change in policies/procedures/requirements/personnel/SUA, and the reporting mechanism to the CAD</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
<b>Part B – Operating Procedures</b>		<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as accepted OM Rev _____ * <i>*Do not fill the sections under part B</i>
<b>B.1</b>	<b>Flight Planning / Preparation</b>	<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as previous OM Rev _____ * <i>*Do not fill the sections under part B.1</i>
1.1	On-site survey and assessment <ul style="list-style-type: none"> <li>Procedures, checklist and items applicable for site survey during flight planning</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
1.2	Risk management <ul style="list-style-type: none"> <li>Describe how the safety risk specific to the operation would be identified and mitigated to an acceptable level.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
1.3	Cordoning measures <ul style="list-style-type: none"> <li>Explain how the cordon line(s) would be marked and the assess to the cordon-off area would be controlled to ensure no unauthorised entry into the operating area.</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
1.4	Means of communications <ul style="list-style-type: none"> <li>Describe communication protocol with relevant airspace authority and users before operation</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____

<b>B.2</b>	<b>Pre-flight Check</b>	
2.1	Pre-flight check <ul style="list-style-type: none"> <li>Procedures, checklist and items for pre-flight check, including but not limited to:             <ul style="list-style-type: none"> <li>(i) Validation of flight planning</li> <li>(ii) Selection of operating area and alternative</li> <li>(iii) Cordon procedure</li> <li>(iv) Communication among crew and with relevant airspace stakeholders</li> <li>(v) Crew health</li> <li>(vi) Weather checks</li> <li>(vii) Preparation and serviceability of SUA and equipment</li> <li>(viii) Battery management</li> <li>(ix) Assembly and loading of SUA</li> </ul> </li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
<b>B.3</b>	<b>Normal Operating Procedures</b>	
3.1	Start	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
3.2	Take-off	
3.3	In flight	
3.4	Landing	
3.5	Shutdown	
<p>These procedures may be contained in the operator's manual or equivalent but shall cover all necessary matters including safety.</p> <p>Critical information shall be specified. This shall include the minimum number of satellites tracked and the minimum battery level required before and during the operation.</p> <p>For example, the operation shall be terminated if the number of satellites tracked dropped below the minimum number (e.g. eight satellites), or battery level dropped below the minimum level (e.g. 30% battery level), etc.</p>		
<b>B.4</b>	<b>Emergency Procedures</b>	
4.1	Emergency procedures for different scenarios <ul style="list-style-type: none"> <li>Specify the emergency procedures in response to at least the following situations:             <ul style="list-style-type: none"> <li>(i) SUA mechanical failure</li> <li>(ii) Fire</li> <li>(iii) Loss of C2 link</li> <li>(iv) Loss of GPS / GNSS signal</li> <li>(v) Low battery</li> <li>(vi) Flyaway</li> <li>(vii) Public encroachment</li> <li>(viii) Aircraft encroachment</li> </ul> </li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
<b>Part C – Appendices</b>		<input type="checkbox"/> New application / Changes were made in this Part <input type="checkbox"/> Same as accepted OM Rev _____ * <i>*Do not fill the sections under part C</i>
C.1	SUA technical specifications <ul style="list-style-type: none"> <li>Full technical specifications of the SUA as applicable</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____

C.2	<p>Forms and checklist</p> <ul style="list-style-type: none"> <li>• Include, but not limited to, the following forms / checklists:</li> </ul> <ul style="list-style-type: none"> <li>(i) Flight record</li> <li>(ii) Battery log</li> <li>(iii) Maintenance log</li> <li>(iv) Site survey form</li> <li>(v) Risk assessment form</li> <li>(vi) Operation checklist</li> <li>(vii) Self-assessment checklist</li> <li>(viii) Occurrence report</li> </ul>	<input type="checkbox"/> New application / Changes were made (Section / Paragraph No.: _____) <input type="checkbox"/> Same as accepted OM Rev _____
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### ***Declaration and signature***

I, as the Accountable Manager, declare that:

- The information given in this application is correct to the best of my knowledge and belief;
- I have the authority for ensuring that the operation is to be in compliance with CAD requirements and the conditions of the permission if granted; and
- I am accountable for all matters relating to the application as well as coordination with CAD when needed.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature & Company Chop

\_\_\_\_\_  
Position in Organisation

\_\_\_\_\_  
Date

*Anyone, while having dealings of any kind with the Civil Aviation Department (CAD), should not offer advantage to the CAD officers, or else he may commit an offence under section 4(1) and/or section 8 of the Prevention of Bribery Ordinance (Chapter 201 of Laws of Hong Kong), and be liable to a maximum penalty of a fine of \$500,000 and imprisonment for 7 years.*

## **Personal Data Collection Statement**

### **1. Purposes of Collection**

The personal data provided by means of this form, including all the supporting documents included in the application, will be used by Civil Aviation Department for the following purposes:

- a. Processing of your application in this form;
- b. Carrying out relevant provisions of the Civil Aviation Ordinance (Chapter 448) and its subsidiary Orders / Regulations;
- c. Assisting in the enforcement of any other Ordinances and Regulations by other Government Bureaux and Departments;
- d. For communication purposes between Civil Aviation Department and yourself;
- e. For validation and verification of authenticity of your supporting documents in association with the application;
- f. For statistics and research purposes on the condition that the resulting statistics or results will not be made available in a form which will identify the data subjects.

It is obligatory for you to supply the personal data as required in this form. If you fail to supply the required data, we may not be able to process your application.

### **2. Classes of Transferees**

The personal data you provided by means of this form may be disclosed to:

- a. Other Government Bureaux and Departments for the purposes mentioned in paragraph 1 above;
- b. Other Contracting States of the International Civil Aviation Organisation and Civil Aviation Authorities for the purpose mentioned in paragraph 1 above;
- c. Other organisations or agencies for execution of their duties as required by Civil Aviation Department.

### **3. Access to Personal Data**

You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

### **4. Enquiries**

Enquiries concerning the personal data collected by means of this form, including the making of access and correction, should be addressed to:

Unmanned Aircraft Office  
Air Services and Safety Management Division  
Civil Aviation Department Headquarters  
1 Tung Fai Road  
Hong Kong International Airport  
Lantau, Hong Kong