



APPLICATION FOR A SPECIAL FLIGHT OPERATIONS CERTIFICATE (SFOC) FOR A REMOTELY PILOTED AIRCRAFT SYSTEM (RPAS)

PART I – TO BE COMPLETED BY APPLICANT

Legal Name of Applicant

Trade Name

Address

City	Province / Territory	Country	Postal Code (Z9Z 9Z9)
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Principal place of business of applicant

Telephone number (999-999-9999)	Email
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<p>Business incorporated (if applicable)</p> <p><input type="radio"/> Yes (if Yes, provide Date and Number) <input type="radio"/> No</p> <p>Date (yyyy-mm-dd) Number</p>	<p>Is this the applicant's first SFOC request under CAR Part IX?</p> <p><input type="radio"/> Yes <input type="radio"/> No (if no, enter the applicant's SFOC number)</p> <p>SFOC Number</p>
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Type of SFOC requested under Section 903.01 (select applicable options)

<input type="checkbox"/> Above 25 Kg	<input type="checkbox"/> Foreign Operator or Pilot	<input type="checkbox"/> Special Aviation Event or Advertised Event
<input type="checkbox"/> Above 400 feet AGL	<input type="checkbox"/> For Payloads referred to subsection 901.43(1)	<input type="checkbox"/> Within 3 NM of a Military Aerodrome
<input type="checkbox"/> BVLOS	<input type="checkbox"/> More than 5 RPAS	

Purpose of the operation	Proposed period of operations From (yyyy-mm-dd)
	To (yyyy-mm-dd)

Location(s) of the proposed operations

RESPONSIBLE PERSON FOR THE RPAS OPERATION

Name

Pilot certificate number	Telephone number (999-999-9999)	Email
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RESPONSIBLE PILOT FOR THE RPAS OPERATION

Name

Pilot certificate number	Telephone number (999-999-9999)	Email
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RESPONSIBLE PERSON FOR THE RPAS MAINTENANCE

Name

Licence or certificate number	Telephone number (999-999-9999)	Email
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