

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

DART L TO BE COMPLETED BY ADDICANT							
PART I – TO BE COMPLETED BY APPLICANT  Legal Name of Applicant							
Legal Name of Applicant							
Trade Name							
Address							
0"		In : /T ::		ID 110 1 (707.070)			
City		Province / Territory	Country	Postal Code (Z9Z 9Z9)			
Principal place of business of	f applicant		1				
Telephone number (999-999-9999)		Email					
Business incorporated (if applicable)			st under CAR Part IX?				
		er) No	Yes No (if no, enter the applicant's SFOC number)				
Yes (if Yes, provide Date and Numb Date (yyyy-mm-dd)		er) (NO	SFOC Number				
Type of SFOC requested under Section 903.01 (select applicable options)							
Above 25 Kg		Foreign Operator or Pilot	Special Aviat	ion Event or Advertised Event			
Above 400 feet AGL	[	For Payloads referred to subsection 9		of a Military Aerodrome			
BVLOS		More than 5 RPAS		,			
Purpose of the operation	L	Wore than 3 ft Ao		Proposed period of operations			
Trulpose of the operation							
				From (yyyy-mm-dd)			
	To (yyyy-mm-dd)						
				ro (yyyy-mm-uu)			
Location(s) of the proposed operations							
RESPONSIBLE PERSON F	OR THE R	PAS OPERATION					
Name							
Pilot certificate number		Telephone number (999-999-9999)	Email				
RESPONSIBLE PILOT FOR THE RPAS OPERATION							
Name							
Pilot certificate number		Telephone number (999-999-9999)	Email				
RESPONSIBLE PERSON FOR THE RPAS MAINTENANCE							
Name							
Licence or certificate numbe	r	Telephone number (999-999-9999)	Email				



RPA TYPES		REGISTRATION NUMBER					
COMPLETE (full) NAMES OF P	LOTS	RPAS PILOT CERTIFICATE NUMBER					
COMPLETE (full) NAMES OF VISUAL	OBSERVERS	RPAS PILOT CERTIFICATE NUMBER					
Name (in block letters)							
,							
All the statements contained herein are true and complete to the best of my knowledge.							
Date (yyyy-mm-dd)  Signature of the person duly authorized to execute this application on behalf of the applicant							
PART II – FOR DEPARTMENT OF TRANSPORT USE							
Name of principal inspector							
Operations	Airworthiness		Engineer				
NOTICE							
HOHOL							

Transport Canada Civil Aviation will not undertake a quality assurance role with regard to any form or document submitted in application for a service. Documentation that contains error or does not meet regulatory requirements will be returned for correction.

As per CAR Part IX Section 903.02, the applicant is responsible for submitting all required additional information to the Minister at least 30 working days before the date of operation.

When completed, the applicant must send this SFOC request form to :

By email: TC.RPASCentre-CentreSATP.TC@tc.gc.ca or

By FAX: 1-855-633-3697 or

By mail: RPAS Center of Expertise, 700, Leigh-Capreol Place Dorval, Quebec H4Y 1G7 Additional information will be requested based of the type of SFOC you are applying for.

Delays thus incurred are the sole responsibility of the applicant.

