

(3) The appellate officer may after giving the parties to the appeal, an opportunity of being heard, pass such order as he thinks fit, confirming, modifying or setting aside the order appealed against:

Provided that in case of an order passed by the Director General, the appeal shall lie before the Secretary to the Government of India, Ministry of Civil Aviation.

79. Saving.— Nothing in these rules shall limit or otherwise affect the power of the Central Government with regard to any order issued in the interest of public safety or for safe operation of aircraft.

FORM UA-1 (See rules 6, 7 and 26)		
Application for issuance or renewal of Authorisation Number to Importer, Manufacturer, Trader, Owner or Operator	<i>Fix a passport size photo (in case of an individual)</i>	
	<i>Signature</i>	
Select the appropriate category		
1. Manufacturer		<input type="checkbox"/>
2. Importer		<input type="checkbox"/>
3. Trader		<input type="checkbox"/>
4. Owner		<input type="checkbox"/>
5. Operator		<input type="checkbox"/>
Part A For an Individual		
1. Name		
2. Father's name		
3. Gender		
4. Nationality		
5. Date of Birth		
6. Address		
7. Email		
8. Phone No.		
9. Document for Proof of Identity Submit any one	Passport Number	
	Aadhar Number	
	PAN Number	
	Voter Identification Number	
	Driving Licence Number	

10. Document for Proof of Address Submit any one	Passport Number	
	Aadhar Number	
	Voter Identification Number	
	Electricity Bill /Water Bill / Landline telephone bill / Bank Account Statements showing address not older than three months	
9. GST No., if applicable		
Part B For a Company or Body Corporate		
10. Name of the Company		
11. Previous name of the Company, if any		
12. Business Address		
13. Registered Address		
14. Email		
15. Phone No.		
16. Proof of incorporation- Certificate of Incorporation of the Company		
17. Names of the Directors with their DIN		
18. GST No., if applicable		
Part C For local authority, Central or state Government or agency thereof		
19. Name of the Organisation		
20. Business Address		
21. Registered Address		
22. Email		
23. Phone No.		
24. Certificate from the Head of the Department providing details of the organisation, its address and its intent to acquire a UAN.		
25. Names of Authorised Signatory	a.	
	b.	
	c.	
	d.	
	e.	

26. GST No., if applicable			
Part D For any other Person			
27. Name of the Organisation			
28. Business Address			
29. Registered Address			
30. Email			
31. Phone no.			
32. Proof of Registration / incorporation - Certificate of Registration/ Incorporation (upload)			
33. Names, Designation, address, and phone numbers of the Management Committee	a.		
	b.		
	c.		
	d.		
34. GST No., if applicable			
Part E General			
35. Old Authorisation Number (in case of new authorisation request due to any change in the credentials)			
36. Fee and Transaction Number (upload Transaction receipt)			
Category	Select the Category	Fee	Transaction details
Manufacturer			
Importer			
Trader			
Owner			
Operator			

Note: For authorisation in more than one category, appropriate boxes may be selected and corresponding documentation and fee shall be provided.

DECLARATION

- a) I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.
- b) For new authorisation, the change in credentials have been indicated in serial numbers (provide the list) – [strikethrough if not applicable]
- c)

Name and Signature

Date:

Place:

FORM UA-2 (See rules 8 and 59)		
APPLICATION FOR UNIQUE PROTOTYPE IDENTIFICATION NUMBER		
1.	Name of Authorised Manufacturer or importer or authorised Research and Development organisation (as applicable)	
2.	Unique Authorisation Number, as applicable	
3.	Business Address	
4.	Registered Address	
5.	E-mail ID	
6.	Phone No.	
7.	Prototype Name	
8.	Category of Prototype UAS	
9.	Class of Prototype UA	
10.	Details of the Prototype: a) Three-view drawing of Prototype b) General arrangement/ layout drawing c) ETA from WPC d) Basic data e) Equipment details f) Description of design features g) Operating characteristics, and h) Proposed operating limitations	
11.	Novel design features, if any	
12.	Prototype Serial Number	
13.	Fee and Transaction Number (upload Transaction receipt)	

Note. - Relevant documents in respect of Sl. No. 10 to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-3 (See rule 9)		
APPLICATION FOR CERTIFICATE OF MANUFACTURE AND AIRWORTHINESS		
1.	Name of authorised UAS importer or Manufacturer (as applicable)	
2.	Unique Authorisation Number	
3.	Business Address	
4.	Registered Address	
5.	E-mail ID	
6.	Phone No.	
7.	Preferred testing laboratory or organisation: (i) (ii) (iii)	
8.	Details of Unmanned Aircraft System: a) Category: b) Classification: c) Model Name / Number: d) Aeroplane/ Helicopter/ Hybrid UAS: e) Maximum all-up-weight: f) Engine/ Motor: i) Type ii) Power Rating iii) Number of Engines/Motors g) Total fuel capacity (kg)/ Battery capacity (mAh): h) Compatible payload: (i) fixed or variable or both (ii) maximum weight of the payload (kg) (iii) volume in cubic centimeter i) Launch and recovery type (as applicable) j) Overall dimensions (lxb xh) (upload a 3- view drawing)	
9.	Three photographs of the UAS from three different angles (upload)	
10.	List of Parts or components with Part Numbers	
11.	ETA number from WPC Wing, Ministry of Communications (upload)	
12.	Details of Emergency Recovery System, if applicable:	
13.	List of equipment and systems (✓ appropriate boxes):	

	<input type="checkbox"/> GNSS <input type="checkbox"/> Geo-fence <input type="checkbox"/> Flight controller <input type="checkbox"/> NPNT <input type="checkbox"/> Command and Control Link <input type="checkbox"/> Barometric equipment <input type="checkbox"/> Manufacturer Serial Number <input type="checkbox"/> Two-way communication system	<input type="checkbox"/> RTH <input type="checkbox"/> Anti-collision light <input type="checkbox"/> Flight data logging capability <input type="checkbox"/> SSR transponder/ ADS-B OUT <input type="checkbox"/> Real-time tracking system <input type="checkbox"/> Detect and Avoid <input type="checkbox"/> Fire resistant identification plate <input type="checkbox"/> 360 degrees collision avoidance system
	(GNSS -Global Navigation Satellite System; NPNT - No Permission – No Takeoff; RTH- Return to Home)	
14.	Documentation (upload): a) Unmanned Aircraft Flight Manual; and b) Maintenance Manual.	
15.	Basic Performance Parameters: a) Speeds b) Range c) Endurance d) Operational Altitude e) Operational envelope f) Propeller/Rotor speed and pitch for safe operation	
16.	Unique Prototype UAS Identification Number	
17.	Fee and Transaction Number (upload Transaction receipt)	

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-4 (See rule 13)		
CERTIFICATE OF CONFORMANCE C of C Number -----		
1.	Name of Manufacture or Importer (as applicable)	
2.	Address of the Manufacturer or Importer	
3.	UA Type / Model	
4.	Certificate of Manufacture and Airworthiness Number	
5.	Serial number of UA	
6.	Batch Number	
7.	Three photographs of the UAS from three different angles (attach)	
8.	List of Parts or components with Part Numbers (attach)	
<p>Statement of Conformity:</p> <p>It is hereby certified that this UA has been manufactured in conformity to the Certificate of Manufacture and Airworthiness.</p> <p>The UA is in a condition for safe operation.</p>		
Signed	Name	Date

FORM UA-5 (See rule 14)	
CERTIFICATE OF MAINTENANCE	
Certificate of Maintenance No.:	UIN-
Owner:	
Operator:	
Name of the Authorised Maintenance Centre:	

	Manufacturer	Type	Serial no.	Time Since new	Time Since last Overhaul	Time Since Last insp.
UA						
Engine						
Propeller/Rotor						
UA A UW:						

Attach additional sheet, if required

Maintenance type:		Scheduled		Unscheduled		Repair / Modification	
Maintenance data							
Item No.	Work performed: (Detailed description of maintenance carried out, replaced parts, approved repairs/modifications, etc.)						
1							
2							
3							
4							
5							
Deferred defects/items:							
Limitations:							
Three photographs of the UAS from three different angles (attach)							
Certified that the work specified, except as otherwise indicated above, was carried out in accordance with data approved by the manufacturer and the unmanned aircraft is released to service.							
Name		Signature			date		

FORM UA-6 (See rule 10)		
APPLICATION FOR IMPORT CLEARANCE OF PROTOTYPE UAS		
1.	Name of Authorised UAS importer	
2.	Unique Authorisation Number	
3.	In case of Company provide names of directors	i.
		ii.
		iii.
		iv.
		v.
4.	In case of other persons provide names of top management	i.
		ii.
		iii.
		iv.
		v.
5.	Business Address	
6.	Registered Address	

7.	E-mail ID	
8.	Phone No.	
9.	Nationality:	
10.	Security clearance Number (Upload), if applicable	
Details of Prototype UAS		
11.	Aeroplane/ Helicopter/ Hybrid UAS	
12.	Quantity	
13.	Name and address of manufacturer	
14.	Model Name/Number	
15.	Date and Year of Manufacture	
16.	Maximum all-up-weight:	
17.	Classification:	
18.	<p>Details of Unmanned Aircraft System:</p> <p>a) Engine/ Motor:</p> <p style="padding-left: 20px;">i) Type</p> <p style="padding-left: 20px;">ii) Power Rating</p> <p style="padding-left: 20px;">iii) Number of Engines/Motors</p> <p>b) Total fuel capacity (kg)/ Battery capacity (mAh):</p> <p>c) Compatible payload:</p> <p style="padding-left: 20px;">(i) fixed or variable or both</p> <p style="padding-left: 20px;">(ii) maximum weight of the payload (kg)</p> <p style="padding-left: 20px;">(iii) volume in cubic centimeter</p> <p>d) Launch and recovery type (as applicable)</p> <p>e) Overall dimensions (l x b x h) (upload a 3- view drawing)</p>	
19.	<p>Basic Performance Parameters:</p> <p style="padding-left: 20px;">g) Speeds</p> <p style="padding-left: 20px;">h) Range</p> <p style="padding-left: 20px;">i) Endurance</p> <p style="padding-left: 20px;">j) Operational Altitude</p> <p style="padding-left: 20px;">k) Operational envelope</p> <p style="padding-left: 20px;">f) Propeller/Rotor speed and pitch for safe operation</p>	
20.	List of Equipment & System installed	

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-7 (See rule 10)		
APPLICATION FOR IMPORT CLEARANCE OF COMPLIANT UAS		
1.	Name of Authorised UAS importer	
2.	Unique Authorisation Number	
3.	In case of Company provide names of directors	i.
		ii.
		iii.
		iv.
		v.
4.	In case of other persons provide names of top management	i.
		ii.
		iii.
		iv.
		v.
5.	Business Address	
6.	Registered Address	
7.	E-mail ID	
8.	Phone No.	
9.	Nationality:	
10.	Security clearance Number (Upload), if applicable	
Details of Compliant UAS		
11.	Certificate of Manufacture and Airworthiness Number (Upload)	
12.	Aeroplane/ Helicopter/ Hybrid UAS	
13.	Classification	
14.	Quantity of UAS	
15.	Name and address of manufacturer	
16.	Model Name/Number	
17.	Date and Year of Manufacture	
18.	Maximum all-up-weight	
19.	Maximum height attainable	
20.	Payload details	
21.	Overall dimensions (l x b x h) (upload a 3- view drawing)	

22.	New/ Pre-owned	
23.	Mode of import (Lease/Outright Purchase)	
24.	Name & Address of the Owner in case of Lease	
25.	Name & Address of the Lessor in case of Lease	
26.	ETA Number from WPC, Ministry of Communications (Upload)	

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-8 (See rule 10)		
APPLICATION FOR IMPORT CLEARANCE OF PARTS AND COMPONENTS		
1.	Name of Authorised UAS importer	
2.	Unique Authorisation Number	
3.	In case of Company provide names of directors	i.
		ii.
		iii.
		iv.
		v.
4.	In case of other persons provide names of top management	i.
		ii.
		iii.
		iv.
		v.
5.	Business Address	
6.	Registered Address	
7.	E-mail ID	
8.	Phone No.	

9.	Nationality:	
10.	Security clearance Number (Upload), if applicable	
Details of Parts and Components		
11.	Purpose of import	<p>Manufacture</p> <input type="checkbox"/> Upload i. Manufacturer Authorisation ii. Certificate of Manufacture & Airworthiness of respective UAS <p>Research & Development</p> <input type="checkbox"/> Upload i. R & D authorisation ii. Prototype Identification Number <p>Maintenance</p> <input type="checkbox"/> Upload i. Owners Authorisation ii. Certificate of Manufacture & Airworthiness of respective UAS
Details of Parts and Components		
S. No.	Name of Parts & Components alongwith Part numbers	Quantity

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-9 (See rules 18 and 26)		
APPLICATION FOR UNIQUE IDENTIFICATION NUMBER		
1.	Name of Authorised UAS Importer or Manufacturer	
2.	Name of the Owner or Operator (in case of existing imported or manufactured UAS)	
3.	Unique Authorisation Number	

4.	Business Address	
5.	Registered Address	
6.	E-mail ID	
7.	Phone No.	
8.	Import Licence/permission Number (In case of Importer) (upload)	
9.	Certificate of Manufacture and Airworthiness or Type Certificate Number, as applicable (upload)	
10.	Acceptance issued by the Director General (in case of existing imported or manufactured UAS) (upload)	
11.	Certificate of Conformance Number (upload)	
12.	Model Number	
13.	Date and Year of Manufacture	
14.	Manufacturing Serial Number	
15.	Fee and Transaction Number (upload Transaction receipt)	

Note: Serial Numbers 1, 8, 9 and 11 shall not be applicable in case of obtaining a UIN in respect of existing imported or manufactured UAS in India.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-10 (See rule 24)	
Application for transfer of Unmanned Aircraft System	
Please select the applicable mode of transfer or change in ownership	
<input type="checkbox"/> Sale <input type="checkbox"/> Lease <input type="checkbox"/> Any other means of transfer	

Part A : Transferor details	
a. In case of individual	
1. Name	
2. Father's Name	
3. Address	
4. Nationality	
5. Date of Birth	
6. Email	
7. Phone no.	
8. Unique Authorisation Number (UAN)	
9. GST No., if applicable	
b. In case of company or corporate	
9. Name of the Company	
10. Previous name of the Company, if any	
11. Business Address	
12. Registered Address	
13. Email	
14. Phone no.	
15. Proof of incorporation- Certificate of Incorporation of the Company	
16. Names of the Directors with their DIN	
17. Unique Authorisation Number (UAN)	
18. GST No., if applicable	
c. In case of local authority, Central or state Government or agency thereof	
18. Name of the Organisation	
19. Business Address	
20. Registered Address	
21. Email	
22. Phone no.	
23. Unique Authorisation Number (UAN)	

24. Certificate from the Head of the Department providing details of the organisation, its address	
25. Name of Authorised Signatory	
26. GST No.,if applicable	
d. In case of any other Person	
27. Name of the Organisation	
28. Business Address	
29. Email	
30. Phone no.	
31. Unique Authorisation Number (UAN)	
32. Proof of Registration /incorporation-	
33. Name, Designation, address and phone number of the Chairman and members of the Management Committee	
34. GST No., if applicable	
Part B : Transferee details	
a. In case of individual	
35. Name	
36. Father's Name	
37. Address	
38. Nationality	
39. Date of Birth	
40. Email	
41. Phone No.	
42. Unique Authorisation Number (UAN)	
43. GST No., if applicable	
b. In case of company or corporate	
44. Name of the Company	
45. Previous name of the Company, if any	
46. Business Address	
47. Registered Address	

48. Email	
49. Phone no.	
50. Proof of incorporation- Certificate of Incorporation of the Company	
51. Names of the Directors with their DIN	
52. Unique Authorisation Number (UAN)	
53. GST No., if applicable	
c. In case of local authority, Central or state Government or agency thereof	
54. Name of the Organisation	
55. Business Address	
56. Registered Address	
57. Email	
58. Phone no.	
59. Unique Authorisation Number (UAN)	
60. Certificate from the Head of the Department providing details of the organisation	
61. Name of Authorised Signatory	
62. GST No., if applicable	
d. In case of any other Person	
63. Name of the Organisation	
64. Business Address	
65. Email	
66. Phone no.	
67. Unique Authorisation Number (UAN)	
68. Proof of Registration /incorporation-	
69. Name, Designation, address and phone number of the Chairman and members of the Management Committee	
70. GST No., if applicable	

Part C : General	
67. Unique Identification Number (UIN)	
68. UAS ceases to be owned wholly by the registered owner (upload change in shareholding)	
69. Sale, Lease or Transfer (upload transfer deed)	
70. Fee and Transaction Number (upload Transaction receipt)	

Note- Self attested documents in support of Name, Address, Unique Authorisation Number (UAN), and Certificate of Incorporation (in case of a Company) for both transferor and transferee, the Unique Identification Number (UIN) of the UAS, and proof of damage beyond repair or loss of UAS in case of intimation to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-11 (See rule 26)	
Application for acceptance of existing imported or manufactured Unmanned Aircraft System	
UAS Owner details	
1. Name of authorised owner	
2. Unique Authorisation Number	
3. Drone Acknowledgement Number (DAN)	
4. Owner Acknowledgement Number (OAN)	
5. Address	
6. E-mail ID	
7. Phone No.	
UAS importer/ Manufacturer details	
8. Name of authorised UAS importer/ Manufacturer	
9. Unique Authorisation Number	
10. Address	
11. E-mail ID	
12. Phone No.	
13. Preferred testing laboratory or organisation:	
i).	
ii).	
iii).	

Details of Unmanned Aircraft System:	
14. Category	
15. Classification	
16. Model Name / Number	
17. Aeroplane/ Helicopter/ Hybrid UAS	
18. Maximum all-up-weight	
19. Engine/ Motor:	
i). Type	
ii). Power Rating and	
iii). Number of Engines/Motors	
20. Total fuel capacity (kg)/ Battery capacity (mAh)	
21. Compatible payload:	
(i) fixed or variable or both	
(ii) maximum weight of the payload (Kg)	
(iii) volume in cubic centimeter	
22. Launch and recovery type (as applicable)	
23. Overall dimensions (l x b x h) (attach a 3- view drawing)	
24. ETA Number from WPC Wing, Ministry of Communications (upload)	
25. Details of Emergency Recovery System	
26. List of equipment and systems (√ appropriate boxes):	
<input type="checkbox"/> GNSS	<input type="checkbox"/> RTH
<input type="checkbox"/> Geo-fence	<input type="checkbox"/> Anti-collision light
<input type="checkbox"/> Flight controller	<input type="checkbox"/> Flight data logging capability
<input type="checkbox"/> NPNT	<input type="checkbox"/> SSR transponder/ ADS-B OUT
<input type="checkbox"/> Command and Control Link	<input type="checkbox"/> Real-time tracking system
<input type="checkbox"/> Barometric equipment	<input type="checkbox"/> Detect and Avoid capability
<input type="checkbox"/> Manufacturer Serial Number	<input type="checkbox"/> Fire resistant identification plate
<input type="checkbox"/> Two-way communication system	<input type="checkbox"/> 360 degrees collision avoidance system
(GNSS -Global Navigation Satellite System; NPNT - No Permission – No Takeoff; RTH- Return to Home)	
27. Compliance to equipment requirements applicable for the specific category and class of UAS	
28. Fee and Transaction Number (upload Transaction receipt)	

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-12 (See rule 28)	
Application for Issue or Renewal of UAS Operator Permit I (UAOP - I)	
Part-A: General	
1. Name of Operator	
2. Unique Authorisation Number	
3. Address	
4. Email	
5. Phone Number	
6. Number of UAS	
7. Number of Remote Pilots	
8. Security Programme approval details	
Part-B: Details of Each UAS	
9. Make & Model	
10. Manufacturing Serial Number	
11. UIN	
12. Category and Class	
13. ETA Number from WPC Wing, Ministry of Communications (upload)	
14. Payload Details	
15. Insurance (upload)	
Part-C: Details of Each Remote Pilot	
16. Name	
17. Remote Pilot Licence Number	
18. Qualification (Category/ Class/ Rating)	
19. Experience Details (Roles and operations undertaken)	
Part-D: Details of Permit Sought	
20. Standard Operating Procedure (SOP) (Provide document identification number)	
21. Details of geographical areas where intending to operate (should be commensurate with UAS characteristics and SOP)	
22. Details of Approvals sought (e.g. videography/ survey etc. - should be commensurate with the SOP)	

23. Fee and Transaction Number (upload Transaction receipt)	
24. Existing UAOP Number (in case of renewal application)	

Note: All requisite documents like unique authorisation number, ETA, UIN, Remote Pilot Certificate or Remote Pilot Licence (as applicable), BCAS Approval and draft SOP for acceptance shall be uploaded.

For renewal of UAOP-I, any changes in Part B and C or D of Form UA-9 shall be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-13 (See rule 28)	
Application for Issue or Renewal of UAS Operator Permit II (UAOP-II)	
Part-A: General	
1. Name of Operator	
2. Unique Authorisation Number	
3. Address	
4. Email	
5. Phone Number	
6. Number of UAS	
7. Number of Remote Pilots	
Part-B: Details of Each UAS	
8. Number of UAS	
9. Make & Model of UAS	
10. Manufacturing Serial Number	
11. UIN	
12. Category and Class	
13. Max attainable speed	
14. Max attainable height	
15. Max AUW	

16. ETA Number from WPC Wing, Ministry of Communications (upload)	
17. Payload Details	
18. Insurance (upload)	
Part-C: Details of Each Remote Pilot	
19. Name of Remote Pilot Licence Holder	
20. Remote Pilot Licence Number	
21. Qualification (<i>Category/ Class/ Rating</i>)	
22. Experience Details (<i>Roles and operations undertaken</i>)	
Part-D: Details of Documents Submitted and Approvals Sought	
23. Operations Manual (<i>Provide document identification number</i>)	
24. BCAS Security Programme approval reference (<i>if applicable</i>)	
25. Permission for Carriage of Dangerous Goods (<i>if applicable</i>)	
26. Details of geographical areas where intending to operate (<i>e.g. domestic/ international/ RVSM/ MNPS etc</i>),	
27. Details of Special Approvals sought (<i>e.g. Dangerous Goods, Low Visibility Operations, RVSM, PBN, EDTO, EFB, any other</i>)	
28. Fee and Transaction Number (upload Transaction receipt)	
29. Existing UAOP Number (in case of renewal application)	

Note: All requisite documents like unique authorisation number, ETA, UIN, Remote Pilot Licence (as applicable), security programme approval from BCAS and draft Operations Manual shall be uploaded.

For renewal of UAOP-II, any changes in Part B, C and D of Form UA-10 shall be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-14 (See rule 30)				
Application for the issue or renewal of Student Remote Pilot Licence (Aeroplane/ Rotorcraft/ Hybrid)				
1.	Name		Recent Photograph	
2.	Father's Name			
3.	Date of birth			
4.	Nationality			
5.	Email Id			
6.	Phone Number			
7.	Permanent Address			
8.	Correspondence Address		<i>Signature</i>	
9.	Educational Qualification			
10.	Training Organisation			
Examination		Name of Board/ university		Year of Passing
Class X or equivalent				
Class XII or equivalent				
Any other				
11. Medical Fitness				
Medical Centre		Date of medical examination	Valid Up to	
12. Category of UAS and Class of UA				
Category of UAS			Class of UA	
13. Report on verification of character and antecedents of the individual from the concerned government agency (upload)				
14. Details of RTR (A), if applicable				
Licence	Number	Date of Issue	Valid Up to	Remarks, if any
RTR(A)				
15. Renewal				
Student Remote Pilot Licence Details		Licence Number		Valid Up to
Category of UAS				
Class of UA				

Note. - Self attested documents in support of Name, Address, Date of Birth, Educational Qualification, Medical Fitness, and RTR (A), if applicable to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Date:

Place:

Name and Signature

FORM UA-15 (See rule 31) Application for the issue or renewal of Remote Pilot Licence (Aeroplane/ Rotorcraft/ Hybrid)				
1.	Name		Recent Photograph	
2.	Father's Name			
3.	Date of birth			
4.	Nationality			
5.	Email Id			
6.	Phone Number			
7.	Permanent Address			
8.	Correspondence Address		<i>Signature</i>	
9. Educational Qualification				
Examination		Name of Board/ university		Year of Passing
Class X or equivalent				
Class XII or equivalent				
Any other				
10. Medical Fitness				
Medical Centre		Date of medical examination		Valid Up to
11. Category of UAS and Class of UA				
Category of UAS			Class of UA	
12. DGCA Examination				
Paper		Roll No.	Date of Result	Valid Up to
13. Training				
Name of Training Organisation		Date From	Date To	Training Certificate Number
14. Skill Test				
Name of Training Organisation		Date of Skill Test		Valid Up to
15. Details of RTR (A)				
Licence	Number	Date of Issue	Valid Up to	Remarks, if any
RTR(A)				
16.	Have you been involved in UAS accident/ incident in preceding 5 years			Yes/No
	If yes, give details thereof; with the disciplinary action taken, if any:-			

17.	If, holding any flight crew or Remote Pilot licence please give details		
Name & number of Licence		Date of issue	Valid Up to
18. Fee and Transaction Number (upload Transaction receipt)			
19. Renewal			
Remote Pilot Licence Details		Licence Number	Valid Up to
Category of UAS			
Class of UA			

Note.- Self attested documents in support of Name, Address, Date of Birth, Educational Qualification, Medical Fitness, Training, DGCA Examinations, Skill Test and RTR(A) to be uploaded. For renewal of Remote Pilot Licence, copy of existing Remote Pilot Licence, updated training records and medical fitness to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Date:

Place:

Name and Signature

FORM UA-16 (See rule 31) Application for Extension of Category of Unmanned Aircraft System and Class of Unmanned Aircraft			
1. Details of Remote Pilot Licence			
Licence Number	Category	Class of UA	Valid Up to
2. Details of Extension of Category of UAS or Class of UA			
Category (Same as 1. Above)		Class of UA	
3. DGCA Examination			
Paper	Roll No.	Date of Result	Valid Up to
4. Training			
Name of Training Organisation	Date From	Date To	Training Certificate Number
5. Skill Test			
Name of Training Organisation	Date of Skill Test		Valid Up to

6.	Have you been involved in UAS accident/ incident in preceding 5 years	Yes/No
	If yes, give details thereof; with the disciplinary action taken, if any:-	
7. Fee and Transaction Number (upload Transaction receipt)		

Note. - Self attested documents in support of Medical Fitness, Training, DGCA Examinations and Skill Test to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Date:

Place:

Name and Signature

FORM UA-17			
(See rule 32)			
Application for the Issue or renewal of Remote Pilot Instructor Rating			
1. Details of Remote Pilot Licence			
Licence Number	Category	Class of UA	Valid Up to
2. Details of Remote Pilot Experience			
Category (Same as 1. Above)	Class of UA	Experience Details	
3. DGCA Examination			
Paper	Roll No.	Date of Result	Valid Up to
4. Training			
Name of Training Organisation	Date From	Date To	Training Certificate Number
5. Skill Test			
Name of Training Organisation	Date of Skill Test	Valid Up to	
6.	Have you been involved in UAS accident/ incident in preceding 5 years	Yes/No	
	If yes, give details thereof; with the disciplinary action taken, if any:-		

7. Fee and Transaction Number (upload Transaction receipt)	
8. Renewal	
Remote Pilot Instructor Rating Details	Number
	Valid Up to

Note. - Self attested documents in support of Remote Pilot Licence, Medical Fitness, Training, DGCA Examinations, Skill Test and Experience to be uploaded. For renewal of Remote Pilot Instructor Rating, copy of existing Remote Pilot Licence with Remote Pilot Instructor rating, updated training records and medical fitness to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Date:

Place:

Name and Signature

FORM UA-18 (See rule 34)	
APPLICATION FOR ISSUANCE OR RENEWAL OF AUTHORISATION OF UAS TRAINING ORGANISATION	
Part A: For a Company or Body Corporate	
1. Name of the Company	
2. Previous name of the Company, if any	
3. Business Address	
4. Registered Address	
5. Email	
6. Phone no.	
7. Proof of incorporation- Certificate of Incorporation of the Company	
8. Names of the Directors with their DIN	
9. GST No., if applicable	
Part B: For a Trust or Society	
10. Name of the Trust or Society	
11. Business Address	
12. Registered Address	
13. Email	
14. Phone no.	

15. Proof of registration- Certificate of registration of the Trust or Society			
16. Names of trustee and members			
17. GST No., if applicable			
Part C: Central or State Government or agency thereof			
18. Name of the Organisation			
19. Business Address			
20. Registered Address			
21. Email			
22. Phone no.			
23. Certificate from the Head of the Department providing details of the organisation, its address			
24. Name of Authorised Signatory			
25. GST No., if applicable			
Part D: General			
26. Category of UAS and class of UA on which Training will be imparted			
27. Details of Unmanned Aircraft System	Make and Model	UIN	Owned/ Leased
28. Number of the UAS Instructor (s) for different classes of UA			
29. Principal base of operation			
30. Documentation (upload): i. Training & Procedure Manual (TPM); and ii. Operational Manual for UAS.			
31. Fee and Transaction Number (upload Transaction receipt)			
32. Existing authorisation number of training organisation (in case of renewal application)			

Note. - Self attested documents in support of Name, Address and Incorporation/registration of organisation and requisite documents to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-19 (See rule 49)		
Application for issuance of Authorisation or Licence or renewal of licence of Drone port	<i>Recent passport size photo (in case of an individual)</i>	
	<i>Signature</i>	
Part A For an Individual		
1. Name		
2. Father's Name		
3. Gender		
4. Nationality		
5. Date of Birth		
6. Address		
7. Email		
8. Phone no.		
9. Document for Proof of Identity Submit any one	Passport Number	
	Aadhar Number	
	PAN Number	
	Voter Identification	
	Driving Licence Number	
10. Document for Proof of Address Submit any one	Passport Number	
	Aadhar Number	
	Voter Identification Number	
	Electricity Bill / Water Bill / Landline telephone bill/ Bank Account Statements showing address not older than three months	
11. GST No., if applicable		
Part B For a Company or Corporate		
12. Name of the Company		
13. Previous name of the Company, if any		
14. Business Address		
15. Registered Address		
16. Email		

17. Phone no.	
18. Proof of incorporation- Certificate of Incorporation of the Company	
19. Names of the Directors with their DIN	
20. GST No., if applicable	
Part C For local authority, Central or state Government or agency thereof	
21. Name of the Organisation	
22. Business Address	
23. Registered Address	
24. Email	
25. Phone no.	
26. Certificate from the Head of the Department providing details of the organisation, and its address	
24. Name of Authorised Signatory	
25. GST No., if applicable	
Part D General	
26. Fee and Transaction Number (upload Transaction receipt)	
27. Existing licence number of drone port (in case of renewal application)	
Part E Documentation (upload)	
28. Land or Property details	
29. No Objection Certificate from concerned Authorities	
30. Drone port Manual	

Note. - Self attested documents in support of Name, Address, Incorporation/ Registration of organisation and documents to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-20

(See rule 51)

Application for Issue or Renewal of Licence of UTM Service Provider**Part A: For a Company or Body Corporate**

1. Name of the Company	
2. Previous name of the Company, if any	
3. Business Address	
4. Registered Address	
5. Email	
6. Phone no.	
7. Proof of incorporation- Certificate of Incorporation of the Company	
8. Names of the Directors with their DIN	
9. GST No., if applicable	

Part B: For a Trust or Society

10. Name of the Trust or Society	
11. Business Address	
12. Registered Address	
13. Email	
14. Phone no.	
15. Proof of registration- Certificate of registration of the Trust or Society	
16. Names of trustee and members	
17. GST No., if applicable	

Part C: Central or State Government or agency thereof

18. Name of the Organisation	
19. Business Address	
20. Registered Address	
21. Email	
22. Phone no.	
23. Certificate from the Head of the Department providing details of the organisation, its address	
24. Names of Authorised Signatory	

25. GST No., if applicable	
Part D: General	
26. Experience as UTM Service Provider	
27. Documentation (upload): i. UTM Service Manual ii. SMS Manual iii. Training Manual for UTM personnel, iv. UTM infrastructure document v. Agreement of operations between UTM operator and air traffic service providers in close vicinity and agreed Standard Operating Procedure between them	
28. Fee and Transaction Number (upload Transaction receipt)	
29. Existing Licence number (in case of renewal application)	

Note. – Self attested documents in support of Name, Address and Incorporation/registration of organisation and requisite documents to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-21 (See rule 52)			
Application for the issue or renewal of UTM Personnel Licence			
1.	Name		<i>Recent passport size photo (in case of an individual)</i> <i>Signature</i>
2.	Father's Name		
3.	Gender		
3.	Date of birth		
4.	Nationality		
5.	Address		
6.	Email Id		
7.	Phone Number		

8. Educational Qualification				
Degree	Name of Institute/university	Year	Result	
9. Medical Fitness				
Name and address of the Medical Centre	Date of medical examination	Fit/ Unfit		
10. DGCA Examination				
Examination name	Passed on	Roll No.	Date of Result	Valid Up to
11. Training				
Name of Training Organisation	Date From	Date To	Training Certificate Number on successful completion	on
12. Fee and Transaction Number (upload Transaction receipt)				
13. Existing Licence number (in case of renewal application)				

Note. - Self attested documents in support of Name, Address, Date of Birth, Educational Qualifications, Medical fitness and Training to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-22 (See rule 53)	
APPLICATION FOR ISSUANCE OR RENEWAL OF AUTHORISATION OF UTM TRAINING ORGANISATION	
Part A: For a Company or Body Corporate	
1. Name of the Company	
2. Previous name of the Company, if any	
3. Business Address	

4. Registered Address	
5. Email	
6. Phone no.	
7. Proof of incorporation- Certificate of Incorporation of the Company	
8. Names of the Directors with their DIN	
9. GST No., if applicable	
Part B: For a Trust or Society	
10. Name of the Trust or Society	
11. Business Address	
12. Registered Address	
13. Email	
14. Phone no.	
15. Proof of registration- Certificate of registration of the Trust or Society	
16. Names of trustee and members	
17. GST No., if applicable	
Part C: Central or State Government or agency thereof	
18. Name of the Organisation	
19. Business Address	
20. Registered Address	
21. Email	
22. Phone no.	
23. Certificate from the Head of the Department providing details of the organisation, its address	
24. Names of Authorised Signatory	
25. GST No., if applicable	
Part D: General	
26. Number of the UTM trainer (s)	
27. Principal base of operation	
28. Documentation (upload): iii. Training & Procedure Manual (TPM); and iv. Operational Manual for UAS.	

29. Fee and Transaction Number (upload Transaction receipt)	
30. Existing authorisation number of training organisation (in case of renewal application)	

Note. - Self attested documents in support of Name, Address and Incorporation/registration of organisation and requisite documents to be uploaded.

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-23 (See rule 58)		
Application for issuance or renewal of authorisation of Research and Development organisation		
Part A: For Startup		
1. Name of the Startup		
2. Business Address		
3. Registered Address		
4. Email		
5. Phone no.		
6. Proof of Startup recognition- (upload documentary proof)		
7. Names of the Authorised Signatory, (in case of any individual, any ID Proof)		
a. Document for Proof of Identity (Submit any one)	Passport Number	
	Aadhar Number	
	PAN Number	
	Voter Identification Number	
b. Document for Proof of Address (Submit any one)	Driving Licence Number	
	Passport Number	
	Aadhar Number	
	Voter Identification Number	
	Electricity Bill / Water Bill / Landline telephone bill/ Bank Account Statements showing address not older than three months	

8. Certificate of incorporation (In case of startup company)		
9. GST No., if applicable		
Part B: For a Company or Body Corporate		
10. Name of the Company		
11. Previous name of the Company, if any		
12. Business Address		
13. Registered Address		
14. Email		
15. Phone no.		
16. UAN (for Authorised UAS Manufacturer)		
17. Proof of incorporation- Certificate of Incorporation of the Company		
18. Names of the Directors with their DIN		
19. GST No., if applicable		
Part C: Institution of higher education		
20. Name of the Institution		
21. Business Address		
22. Registered Address		
23. Email		
24. Phone no.		
25. Proof of accreditation, by a nationally recognized accrediting agency		
26. Details of courses offered in the academic areas related to Science and Technology		
27. Name and Designation, of the Authorised Signatory		
Part D: Central or State Government Research & Development Organisation		
28. Name of the Organisation		
29. Business Address		
30. Registered Address		
31. Email		
32. Phone no.		
33. Certificate from the Head of the Department providing details of the organisation, its address and its intent to acquire an authorisation for Research & Development Organisation.		

34. Names of Authorised Signatory	
35. GST No., if applicable	
Part E: General	
36. Old Authorisation Number (in case of renewal request)	
37. Fee and Transaction Number(upload Transaction receipt)	

DECLARATION

I hereby declare that all information provided herein are true and correct to the best of my knowledge and I understand that furnishing any false information herein shall make me liable for any penal action, as applicable.

Name and Signature

Date:

Place:

FORM UA-24 (See rule 76)		
Application for compounding of Offences		
1.	Name(s) of the Applicant	
2.	Address	
3.	Email Address	
4.	Phone No.	
5.	The Authority/Office before whom the case is pending :	
6.	Contravention of sections or rules	
7.	Brief facts of the case	
8.	Any other information relevant to the case	
9.	Prayer of the Applicant	
10.	Fee and transaction details	
11.	Attachment, if any	

Verification

I _____, the applicant, do hereby declare that what is stated above is true to the best of my information and belief.

Name and Signature of the Applicant

Date:

Place:

FORM UA-25 (See rule 78)		
Form of appeal to the Appellate Officer		
1.	Name(s) of the Appellant	
2.	Address	
3.	Email Address	
4.	Phone No.	
5.	Order No. with Date, against which the appeal is preferred (copy of the order to be enclosed)	
6.	Name and Post of the designated Officer by whom the order is passed	
7.	Contravention of rules for which order was passed	
8.	Operative part of order	
9.	Date on which the copy of order received by the appellant	
10.	Date of completion of 30 days Limitation period	
11.	Brief facts of the case	
12.	Grounds of Appeal	
13.	Prayer of the Appellant	
14.	Fee and transaction details	

Verification

I _____, the appellant, do hereby declare that what is stated above is true to the best of my information and belief.

Name and Signature of the Appellant

Date:

Place:

[F. No. AV-11012/4/2019-DG]

SATYENDRA KUMAR MISHRA, Jt. Secy.