

# Remotely Piloted Aircraft System (RPAS) Application

**Applicant**

**Address**

**City**  **Province**  **Postal Code**

**Phone**  **Email**

## RPAS Information

### RPAS Use

Type & Purpose of Operation?

Transport Canada Special Flight Operating Certificate?  Yes  No

Area(s) the RPAS will be used  %

Urban (e.g. Toronto)

Rural

Outside Canada  %

Where do you expect to operate outside Canada?

Any claims related to operating RPAS?

### RPAS Detail

Make & Model	Serial No.	Agreed Value	Max Operating Altitude (AGL)	Max Gross Take-Off Weight (incl. payload)	Aircraft Category	Engine
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## Insurance Information

**Period**  to

**Liability Insurance** **Hull Insurance**

Third Party Liability Limit  Coverage (select one)

**Note**

Note: Please attach Transport Canada SFOC if available.

**Name**  **Date**