|  |  |
| --- | --- |
| Applicant NameEmail Phone Number Confirmation that the UAS operator has the necessary CAA Approval (Please attach) |  |
| Area of operationLatitude Longitude **(WGS 84 Format)** |  |
| Address and post code of the area of Operation (if applicable) |  |
| Proposed Height of Operation (ft.) |  |
| Radius of operation from the centre of the operating area (m) |  |
| Date/s of flight |  |
| Time period of Operation(This is the times you wish to fly between) |  |
| Planned number of flights during this period, and duration of each flight |  |
| Type of UAS (Drone) and weight |  |
| Pilot DetailsNameEmail Mobile Number |  |
| Assurance that the UAS will remain within the confines of the area of operation (lateral and vertical limits) | YES **NO** |

|  |
| --- |
| **INVOICING DETAILS** |
| Company Name |  |
| Invoicing Address |  |
| Company Registration Number |  |
| VAT Number |  |
| Contact Name |  |
| Contact Phone Number |  |
| Email Address |  |
| Safeguarding & Impact Assessment Fee*All prices ex VAT* |[ ]  Commercial UAV Standard Assessment - £ 36.25 |
|  |[ ]  Recreational UAV Assessment - £0 |
|  |
| Permits requiring further assessment by our approved Instrument Flight Procedure Designer will incur an additional cost, which will be Provided on Application. |

Please return all completed forms to Airport.safeguarding@cambridgeairport.com at least 14 days prior to intended lift. Applications may not be approved if received less than 14 days prior to intended lift. Applications are only assessed Monday – Friday.

**FOR OFFICE USE ONLY**

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| --- | --- |
| CONDITIONS OF PERMIT |  |
| Maximum Height |  |
| Maximum Radius  |  |
| Special Instructions |  |
|  | Airport Operations | Air Traffic Control |
| Approved By |  |  |
| Date Approved |  |  |
| NOTAM Number(if required) |  |  |
|  |  |  |