

Date of Application:

|   |  |
|---|--|
| Confirmation that the UAV operator has the necessary CAA Approval (Please Attach) |  |
| Latitude and Longitude of the area of operation ( <b>WGS 84 Format</b> )          |  |
| 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                         |  |
| Type of UAV(Drone) and weight   |  |
| Date/s of the flight  |  |
| Time period of Operation  |  |
| Planned number of flights during this period, and duration of each flight         |  |
| Notice period required to lower the UAV if requested by ATC                       |  |

**Date of Application:**

|   |  |
|---|--|
| Operating procedure in the event of signal loss between the UAV and operator                                    |  |
| Assurance that the drone will remain within the confines of the area of operation (lateral and vertical limits) |  |
| Assurance that the flight will be conducted to a maximum height of 400ft above the surface                      |  |
| Mobile phone number for the drone operator and a secondary back up contact number                               |  |
| Will the UAV Operator be communicating with ATC via VHF Radio (if Yes attach RTF Licence)                       |  |

Please return all completed forms to [Airport.safeguarding@cambridgeairport.com](mailto:Airport.safeguarding@cambridgeairport.com) at least 21 days prior to intended lift.

**FOR OFFICE USE ONLY**

|                            |  |
|----------------------------|--|
| Approved By                |  |
| Date Approved              |  |
| Date sent to ATC           |  |
| NOTAM Number (if required) |  |