



Form No. **U.F. 104**  
 AMDT No.1  
 Issue Date: 18/07/16

**APPLICATION FOR A SMALLED  
 UNMANNED AIRCRAFT (SUA)  
 REGISTERED TRAINING  
 FACILITY**

Please complete the form in BLOCK CAPITALS.  
 (Reference: S.I. 563 of 2015 & all associated Aeronautical Notices, Instructions and Directives).

**APPLICATION FOR:**      **INITIAL ISSUE**       **RENEWAL**       **VARIATION**

**SECTION ONE: APPLICANT DETAILS**

Name of Business or Training Name(s)	
Company CRO Number/Sole Trader Reference Number/or Private:	
Address (Exactly as CRO certificate):	
Name of Individual (if applicable)	
Details of third party insurance held	
Phone No. Fax. No.	
Mobile No. Email:	

**SECTION TWO: FLIGHT/GROUND INSTRUCTOR(S) AT SUA TRAINING FACILITY**

Please complete and attach Form U.F. 104a Application Form for SUA Panel of Instructors (Ground/Flight)

**SECTION THREE: SUA SYSTEM(S) DETAILS**

(a) List of SUA to be used including any means of SUA synthetic flight instruction (if applicable) to be used by the facility:

	TYPE/NAME	Registration	Mass (kg)	Control Frequency	Length (m)	Wing/ Rotor Span (m)	Engine / motor type	Equipment carried	Details of Fail Safe/Auto-recovery System
1.									
2.									
3.									
4.									



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**SECTION FOUR: OPERATION DETAILS**

(a) Please indicate the type of training to be conducted by the SUA RTF.

Type of Training to be conducted by a SUA RTF:	Tick as appropriate:
Theoretical Instruction for SUA	Yes <input type="checkbox"/> No <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/> (H) <input type="checkbox"/>
Flight Instruction for SUA	Yes <input type="checkbox"/> No <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/> (H) <input type="checkbox"/>
EVLOS <input type="checkbox"/>	Distance in metres:.....
Location of SUA Theoretical Training Facility	
Location of SUA Flight Training Area	

(b) State whether your facility intends to operate full or part-time. Full  Part-time

(c) Maximum amount of students to facilitate concurrently? .....

**SECTION FIVE: APPLICANT'S SUPPORTING DOCUMENTATION**

The following documents must be supplied in support of each application:

1. A copy of the Operations Manual
2. Proposed Course(s) Syllabi/Curriculum
3. A copy of the SUA Manufacturer's Instructions, Operating Handbook/SUA Checklists, etc.
4. A copy of the Manufacturer's liability data (where available)
5. A copy of the Certificate and Design and Construction (where available)
6. A copy of the Third Party Insurance details
7. A copy of CRO Certificate or Sole Trader Document
8. A sample copy of a Student File
9. A sample copy of a Course Completion Certificate
10. A copy of the Aerodrome licensee written permission for use of the aerodrome
11. Form U.F. 104a – Application for Panel of Instructor(s) for a Small Unmanned Aircraft (SUA) Registered Training Facility
12. A copy of Risk Assessment and Safety Plan for both Theoretical Training Facility and SUA Flight Training Facility in support of suitability.

**APPLICATIONS:**

1. All applications are to be submitted in (**PDF format only**) to : [fod@iaa.ie](mailto:fod@iaa.ie)
2. A **minimum** of **30 working days** will normally be required to check and confirm the information submitted - where information is missing or omitted this process may take **considerably** longer. The IAA accepts no responsibility for any delay incurred in processing such an application.



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**SECTION SIX: INCLUSION ON IAA WEBSITE**

If Applicant does not wish their contact details to be included on the IAA Website please tick here:

**SECTION SEVEN: DECLARATION**

Declaration and Signature:

I, the undersigned, hereby declare that the information contained within this Form is true and correct to the best of my knowledge and belief. All training proposed will be conducted in accordance with IAA Regulations, Instructions and Directives.

Signature: ..... Name:.....

Date: (dd/mm/yyyy) ..... Job Title .....

**SECTION EIGHT: PAYMENT FORM**

Full details of fees charged and levied by the IAA are published in the [Irish Aviation Authority \(Fees\) Order](#).

I am paying by:-

**CREDIT CARD**  **DEBIT CARD**  **LASER**

(please specify)

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction.

Name of Card holder (as stated on the card) \_\_\_\_\_

Card Number

Valid from:   /   Expiry Date   /

Security Code (last 3 digits on signature strip on reverse of card)

Address of Card holder, if different from applicant \_\_\_\_\_