



Form No. **U.F.100**  
Version No. 2  
Issue Date: 08/06/16

**APPLICATION FOR A  
SPECIFIC OPERATING  
PERMISSION  
TO OPERATE SMALLER  
UNMANNED AIRCRAFT (SUA)**

Please complete the form in BLOCK CAPITALS.

**APPLICATION FOR:** INITIAL ISSUE  RENEWAL  VARIATION

**SECTION ONE: APPLICANT DETAILS**

Name:

Company CRO Number/Sole Trader  
Reference Number/or Private:

Address

(Exactly as CRO certificate):

**SECTION TWO: IDENTITY OF MANAGEMENT PERSONNEL FOR SUA COMMERCIAL OPERATIONS**

The operator must be capable of exercising operational control and supervision over any flight operated under the terms of this Specific Operating Permission. The nominated personnel listed below may be responsible for more than one area according to the scope of the operation.

**1. The Accountable Manager (Overall Financial Responsibility)**

Surname:

Forename:

Mobile No.:

Email address

**2. The Safety Manager**

Surname:

Forename:

Mobile No.:

Email address

**3. The Nominated Flight Operations Manager / Chief SUA Pilot**

Surname:

Forename:

Mobile No.:

Email address



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**SECTION THREE: PROPOSED OPERATIONS**

This part of the form provides very brief information on the nature of the proposed operations. More detailed information should be provided in the Operations Manual(s). The applicant Company for an **SUA Specific Operating Permission** will need to demonstrate competence, procedures and resources to the IAA or an IAA Authorised Examiner for the level of proposed operations. **Telemetry is required for ALL SOP OPERATIONS.**

LEVEL	DESCRIPTION	DOCUMENTED PROCEDURES (including Limits)	COMPANY HAS DEMONSTRATED OPERATIONAL COMPETENCE	DATE	EXAMINER INITIALS
1.	<b>Uncontrolled Airspace &amp; Uncongested Areas.</b> (Operations outside of CTR boundaries and away from built up areas)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<b>Uncontrolled Airspace &amp; Congested Areas.</b> (Operations outside CTR boundaries but within the confines of a built up area.)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<b>Controlled Airspace &amp; Uncongested Areas.</b> (Operations inside any CTR but are away from built up areas)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<b>Controlled Airspace &amp; Congested Areas.</b> (Operations inside any CTR and also within the confines of a built up area)	<input type="checkbox"/>	<input type="checkbox"/>		

**PROCEDURAL LIMITS (Actual Limits & Risk Assessments must be documented in Operations Manual)**

a.	<b>distances of less than 30 metres from a person, vessel, vehicle or structure</b>	<input type="checkbox"/>	<input type="checkbox"/>		
b.	<b>distances of less than 120 metres from large assemblies of persons of 12 or more</b>	<input type="checkbox"/>	<input type="checkbox"/>		
c.	<b>beyond direct unaided visual line of sight</b>	<input type="checkbox"/>	<input type="checkbox"/>		
d.	<b>beyond 300 metres from the point of operation</b>	<input type="checkbox"/>	<input type="checkbox"/>		
e.	<b>at heights of more than 120 metres above the ground or water</b>	<input type="checkbox"/>	<input type="checkbox"/>		
f.	<b>carriage and release of articles</b>	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTE:** THE SUA Flight Examiner shall only (Tick✓) the appropriate section after the applicant **company/sole trader or private** has demonstrated competence, appropriate procedures and principles of risk assessment.

**CAUTION:** In order to deviate from the above **limitations** as detailed in S.I. 563 of 2015, it is necessary for the SUA SOP Holder (Representative) to mitigate to an equivalent level of safety applying results of a survey and risk assessment accordingly. The SUA SOP Holder (Representative) is responsible for all aspects of the SUA flight operations.



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**SECTION FOUR: LIST OF APPLICANT COMPANY SUA AIRCRAFT** (Use additional sheets if necessary)

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

**SECTION FIVE : IAA INSPECTOR / AUTHORISED SUA FLIGHT EXAMINER SIGNATURE BLOCK**

1.	The applicant company operations manual has been reviewed and found to be satisfactory in all respects of the SUA operations proposed in section three of this form	<input type="checkbox"/>
2.	The management personnel for each of the functions in section two of this form have been found competent to undertake duties in the proposed operations	<input type="checkbox"/>
3.	The applicant has nominated a sufficient number of qualified SUA pilots and support personnel for the proposed operations	<input type="checkbox"/>
I recommend the issue of an <b>SUA Specific Operating Permission</b> to the applicant company / person for the operations nominated in section 3 of this form:-		<input type="checkbox"/>
EXAMINER / INSPECTOR NAME (in block letters)		
EXAMINER/INSPECTOR SIGNATURE		
Date		



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**SECTION SIX: APPLICANT COMPANY/SOLE TRADER/PRIVATE SIGNATURE & PRIVACY STATEMENT**

I hereby apply for the grant of an **SUA SPECIFIC OPERATING PERMISSION** for the operations nominated in section 3 & 4 of this form.

**Applicant's Name**

Signature

**Date**

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

**Notes:**

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

1. A copy of the Applicant Company's Operations Manual
2. A copy of the SUA Manufacturer's Instructions, Operating Handbook/SUA Checklists, etc.
3. A copy of the Operator Insurance details covering proposed operation(s)
4. A copy of CRO Certificate or Sole Trader Document
5. The Applicable application Fee

**Submission of Application:**

1. All applications are to be submitted in **PDF form only** to :

[sop.sua.fod@iaa.ie](mailto:sop.sua.fod@iaa.ie)

3. 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.

**SECTION EIGHT: INCLUSION ON IAA WEBSITE**

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



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**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 \_\_\_\_\_