



E-mail:
postmottak@caa.no

Application form shall be filled out electronically

RPAS Operators Application RO2 & RO3

- Initial application¹
- Minor changes or updates in the same category
- Operator class change or major revisions¹
- Application regarding RO2 or;
- Application regarding RO3

Organization and personal information					
01	Company register number		Company name		
	Postal address				
	Postal code	Town	Phone	Web site	E-mail
	Accountable manager		Position <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	National ID number		Phone	E-mail	
	Head of operations		Position <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	National ID number		Phone	E-mail	
	Technical manager		Position <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
National ID number		Phone	E-mail		

¹ Fees applies to all first time applications and major changes

System and operational information

02	Type of operations	Weight
	<input type="checkbox"/> VLOS ² below 400 feet AGL ³ <input type="checkbox"/> BLOS ⁴ below 400 feet AGL <input type="checkbox"/> BLOS <input type="checkbox"/> FPV VLOS <input type="checkbox"/> FPV BLOS <input type="checkbox"/> EVLOS ⁵ below 400 feet AGL <input type="checkbox"/> EVLOS/VLOS below 400 feet AGL in controlled airspace <input type="checkbox"/> Payloads other than camera systems described in OM <input type="checkbox"/> Other	<input type="checkbox"/> 0 up to 2,5 kg <input type="checkbox"/> 2,5 up to 7 kg <input type="checkbox"/> 7 up to 25 kg <input type="checkbox"/> 25 up to 150 kg
		Type of aircraft
		<input type="checkbox"/> Fixed wing <input type="checkbox"/> Helicopter <input type="checkbox"/> Multicopter <input type="checkbox"/> Turbine powered <input type="checkbox"/> Max 60 knots <input type="checkbox"/> Max 80 knots
	<input type="checkbox"/> Other	

² VLOS (Visual Line Of Sight)

³ Above Ground Level (AGL)

⁴ BLOS (Beyond visual Line Of Sight)

⁵ EVLOS (Extended Visual Line Of Sight)

Pilot information ⁶			
03	Name	National ID number	Position <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Phone	E-mail	
<input type="checkbox"/> National RPAS operator exam passed			

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03	Name	National ID number	Position <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Phone	E-mail	
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Pilot information			
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	Phone	E-mail	
<input type="checkbox"/> National RPAS operator exam passed			

⁶ Pilot: The person who operates the aircraft's control systems and is responsible for navigation and safety during the flight. Sufficient training and competence according to "Regulations concerning aircraft without a pilot on board" must be provided upon request by the authorities.

Aircraft information			
04	Manufacturer	Model	ID Number ⁷
	Serial number	Date of manufacture	

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	Serial number	Date of manufacture	

⁷ Only applicable upon renewal where the operator has the aircraft ID number.
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Appendix	
05	<input type="checkbox"/> Operational manual (OM) <input type="checkbox"/> NSM approval ⁸ <input type="checkbox"/> Insurance policy document in accordance with (EC) No 785/2004 <input type="checkbox"/> Proof of competence compliance for technical manager <input type="checkbox"/> Proof of passed RPAS operator exam

Statement		
06	Name Accountable Manager	<i>I hereby declare the above stated information to be correct</i>
	Place and date (dd.mm.yyyy)	
	Signature	
	Signature (E-signature accepted)	

⁸ Only applicable if sensors, other than daylight cameras and BLOS flying, will be used.
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