

E-mail:  
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*Form shall be filled out electronically*

## Declarationform RPAS-operator 1 (RO1)

<input type="checkbox"/> Initial declaraton <input type="checkbox"/> Cease of operations				
Company register number*		Company name**		
Postal address				
Postal Code	Town	Phone	Web site	E-mail
<b>Accountable manager (Surname, midle name, lastname)</b>				
National ID number		Phone	E-mail	

\* Company register number is only applicable if company is registered at the Brønnøysund Register Centre.

<https://www.brreg.no/home/>

\*\* Company name only applicable if company is established.

### Selfdeclaration and signatur

Name (Capitol letters)

I hereby declare that I am familiar with applicable regulations for use of unmanned systems under RPAS-operator category 1 and that a operational manual is established. All operations must be conducted in accordance with regulations and operational manual.

[Regulations concerning aircraft without a pilot on board etc.](#)

Place and date (dd.mm.åååå):

Signatur accountable manager: