

Application for Special Flight Operations Certificate

To be forwarded upon completion to the following address:

Transport Canada Civil Aviation
300-4900 Yonge Street
Toronto, ON M2N 6A5

Date:

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Contact Information

Applicant

Name:

Company: McMaster University

Department:

Address:

Phone: (____) ____ - ____ **Extension:**

Email:

The following people have read and agreed to this application and have the necessary signing authority to legally bind the department/group of _____ at McMaster University.

Signature of Applicant: _____

Signature of Supervisor: _____

Operations Manager

Name:

Company: McMaster University

Department:

Address:

Phone: (____) ____ - ____ **Extension:**

Email:

_____ will be on duty during the operation.

During operation they can be reached at (____) ____ - ____.

Operation

Purpose of Operation

[state the purpose and general summary overview of the operation]

Dates of Operation

Date(s):

Time(s):

Alternate Date (if applicable):

Alternate Time (if applicable):

Details: (conditions under which the flight will take place; ex: weather criteria, all-clear, road blocks, etc.)

Operation Location

Name:

Phone:

Address:

Coordinates:

Max Altitude:

Max Radius:

Map of location: (please provide image)

Aircraft & Equipment

Aircraft:

Description: (brief description of aircraft and any equipment involved) (please provide pictures)

Please list any and all specifications:

Please list any and all safety features:

Will be controlled by:

Flights will be performed: circle one of the options provided below

LOS (line of sight)

ELOS (extended line of sight)

BLOS (beyond line of sight)

FPV (first person view)

Other:

Number of Aircraft used at one time:

Details:

IF USING MORE THAN ONE AIRCRAFT, please fill out one of these pages (page 5) for each.

Operational Flight & Procedures

Please indicate the procedures or checklist that are in place for the following:

Pre-Operational Procedures:

Pre-Flight Procedures:

In-Flight Procedures:

Post-Flight Procedures:

System Maintenance:

Personnel

Please provide the following for all personnel involved in operation.

Name: **Role:**

Bio (flying experience, certifications, training, etc):

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Name: **Role:**

Bio (flying experience, certifications, training, etc):

Roles

Here you will provide a detailed summary of the roles involved in your operation (ex: operations manager, pilot, ground supervisor, system maintainer, etc.)

Role:

Summary of responsibilities:

Role:

Summary of responsibilities:

Role:

Summary of responsibilities:

Role:

Summary of responsibilities:

Role:

Summary of responsibilities:

Security Plan

Please outline your security plan for the operation.

Emergency Contingency Plan

Please outline your emergency plan for the operation.

Insurance:

Name of Insured:

Name of Insurance Provider:

Policy #:

Additional details:

Certificates/Licenses:

If there are any specific training, operators, or related certificates and licenses a scanned copy/and or reference number please include them here.