



Appendix IV – Permit Form

UNMANNED AIRCRAFT OPERATION PERMIT(UAOP)		
	KINGDOM OF BHUTAN BHUTAN CIVIL AVIATION AUTHORITY	
UAOP Number Valid until	ADDRESS OF THE UAS OPERATOR: Telephone..... Fax..... E-mail.....	Contact details, at which operational management can be contacted without undue delay:
<p>In pursuant of power vested in me under Section 4.12.19 of Unmanned Aircraft System Regulation 2017, is hereby authorized to perform UAS Operation as specified in the attached Operations Specifications in conformity with the applicable requirements of the of UAS Regulations 2017. The nature and the scope of the UAS Operations together with the terms and the conditions governing the exercise of such rights and privileges shall be as specified in the UAOP issued to aforementioned person. This permit is not transferable and remains in effect unless varied, suspended or revoked.</p>		
Issued at: Paro Bhutan Date of issue	Name and signature: Title: FOR DIRECTOR GENERAL	



ROYAL GOVERNMENT OF BHUTAN
BHUTAN CIVIL AVIATION AUTHORITY
 Telephone: + 975-08-271347 Fax:+975-08-271909 E-mail:bc aa@bc aa.gov.bt

OPERATIONS SPECIFICATIONS

UAOP NO.....

Accountable Manager.....

Competent UA Pilot(s).....

Aircraft Type.....

Maximum take-off weight.....

Type of operation: General Commercial Imagery Research and Development
 Security/Emergency Services Others

Area(s) of operation.....

Special limitations:

SPECIAL AUTHORIZATIONS	YES	NO	SPECIFIC APPROVALS	REMARKS
Visual Line of Sight(VLOS)				
Beyond visual line of sight				
Visual Meteorological conditions (VMC)				
Extended visual line of sight				
Transportation/delivery of goods				

Name and signature:
 Title: **FOR DIRECTOR GENERAL**

Name of UAS Pilot and Signature
 Title.....