

B. Manufacturing / Assembling Details

Part of UAV	Imported	Purchased @ Local Market	Fabricate	Remarks
Main Frame				
Flight Control System (Circuit Board)				
Propeller System				
Transponder and Receiver				
Battery				
Camera System				

Purpose of Manufacturing/
Assembling

Commercial <input type="checkbox"/>	Educational/ Research <input type="checkbox"/>	Hobby <input type="checkbox"/>	Other <input type="checkbox"/>
<i>Please fill Note 1 below</i>		<i>Please fill Note 2 below</i>	

Note 1: Name of the supervisor – **Please attach the recommendation/observation of the supervisor with his/her signature to this Form.**

Note 2: Remarks

Location of Assembling:

C. Unmanned Aircraft Information

a) Model Name

b) Unmanned Aircraft Specifications

i. Unmanned Aircraft Weight

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Weight (Including battery & Propellers)

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Weight (Excluding battery & Propellers)

ii. Diagonal Size *(Excluding Propellers)*

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iii. Max Ascent Speed

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iv. Max Descent Speed

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v. Hover Accuracy – Vertical
Horizontal

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vi. Hover Accuracy

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vii. Max Speed

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viii. Max Speed Ceiling

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ix. Max Flight Time

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x. Satellite Positioning Systems

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c) Battery

- i Capacity
- ii Voltage
- iii Battery type
- iv Energy
- v Net weight

- vi Operating temperature
- vii Max charging power

d) Remote Controller

- i Operating frequency
- ii Max transmission distance
- iii Operating temperature
- iv Battery
- v Transmitter power (EIRP)
- vi Operating voltage

e) Camera

- i Sensor
- ii Lens (FOV)
- iii Gimbal (Controllable Range)
- iv SD Card
- v Wi-Fi FPV
- vi Night vision

f) Please attaché two photos of your Unmanned Aircraft (one with front view and one from above)

Note: upon the completion of the Registration process this office will send a serial number for the Drone via email. You are strictly advice to paste the number on Drone unit and keep the record of the number with you. After Registration process is completed, you can apply for operation approval as per the stipulated procedure in www.caa.lk

Signature of the Applicant

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Date

D. For the use of CAASL

a) Application reviewed out by (Name of CAASL Inspector):

i. Remarks:

ii. AW inspection is required:

Yes No

b) AW inspection (to be filled by AW inspector)

i. Remarks:

Inspection Date:

ii. Recommend to register

Yes No

iii. Name & Signature of the AW inspector

c) Assigned CAASL Serial Number

d) CAALS Registration Number