



DOPRAVNÝ ÚRAD

TRANSPORT AUTHORITY

DÚ/F186-B/v5/RL

APPLICATION FOR REGISTRATION OF UAS OPERATOR

UAS operator	
Entity (check the correct one)	<input type="checkbox"/> Natural person <input type="checkbox"/> Legal person
Name and Surname / Business name:	
Date of Birth / Business ID number:	
E-mail:	
Phone number:	
Address:	
Liability insurance	
Insurance policy number:	
Date of expiry of the insurance policy:	
Declarations	
<p>(This declaration shall be signed only by legal persons.)</p> <p><i>I, the undersigned as a person authorized to act on behalf of the company (business name) business ID.....hereby declare that all personnel directly involved in the operations are competent to perform their tasks, and the UAS will be operated only by remote pilots with the appropriate level of competency.</i></p> <p>Date _____ Signature of a person authorized to act on behalf of the applicant _____</p> <p><i>I hereby declare that I am not registered as a UAS operator in another EU member state.</i></p> <p><i>I hereby declare that all the data filled in by me are complete and correct.</i></p>	
Date:	Signature of a person authorized to act on behalf of the applicant
Attachments: <ul style="list-style-type: none">a) the copy of the insurance policy,b) power of attorney (applicable if the application is submitted by an authorized representative as an original or an officially certified copy).	