



 $D\acute{U}/F186$ -B/v6/RL

APPLICATION FOR REGISTRATION OF UAS OPERATOR

UAS operator	
Entity	☐ Natural person
(check the correct one)	Legal person
Name and Surname / Business name:	
Date of Birth / Business ID number:	
E-mail:	
Phone number:	
Permanent address:	
Liability insurance	
Insurance policy number:	
Date of expiry of the insurance policy:	
Declarations	
(This declaration shall be signed by legal persons only.)	
I, the undersigned	
Date	Signature of a person authorized to act on behalf of the applicant
I hereby declare that I am not registered as a UAS operator in another EU member state.	
I hereby declare that all the data filled in by me are complete and correct.	
Date	Signature of the applicant
Attachments:	
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). 	