**UAV Flight Request Form**

**Part A - Applicant**

**1 Name of Applicant:** Click here to enter text.

**2 Address of Applicant:** Click here to enter text.

**3 Client name (if applicable):** Click here to enter text.

**4 Date of pre-flight safety site visit:** Click here to enter a date.

|  |
| --- |
| **5 Port/Business Unit**[please select below] Ayr [ ]  Barrow [ ]  Barry [ ]  Cardiff [ ]  Dover [ ]  Finningley [ ]  Garston [ ]  Goole [ ]  Grimsby [ ]  Hams Hall [ ]  Head Office [ ]  Hull [ ] Immingham [ ]  Ipswich [ ]  Kings Lynn [ ]  Lowestoft [ ]  Newport [ ]  Plymouth [ ]  Port Talbot [ ]  Silloth [ ]  Southampton [ ]  Swansea [ ]  Teignmouth [ ]  Troon [ ]  |

|  |
| --- |
| **6 Name of registered UAV operating company:** Click here to enter text. |
| **7 Full name of UAV pilot:** | Click here to enter text. | **8 Date of Birth of UAV pilot:** | Click here to enter a date. |
| **9 Address of UAV pilot:** | Click here to enter text. |
| **10 Type of qualification held by UAV pilot:** |  |
| **UAV Details** | **11 Make:** | Click here to enter text. |
| **12 Model:** | Click here to enter text. |
| **13 Date of flight:** |  | **14 Times of flight:** | TBC  |

15 Has the CAA approved the flight? Yes [ ]  No [ ]

16 Has a risk assessment been completed and provided? Yes [ ]  No [ ]

17 Has a flight plan been drafted and agreed? Yes [ ]  No [ ]

18 Does the UAV operating company hold public liability cover? Yes [ ]  No [ ]

19 Does the plan include the close filming of vessels?\* Yes [ ]  No [ ]

**Copies of 15, 16, 17 & 18 must be attached when returning this request.**

|  |
| --- |
| **20 Details of flight (include purpose, where the imagery/footage is to be published, estimated numbers of visitors, take-off and landing zones as well as any other relevant information:** : SCOPE:  |

**\*Note the Master’s permission will need to be sought prior to filming.**

**Part B – ABP USE ONLY**

**21 Name of ABP person handling the request:** Click here to enter text.

22 Are the operating company approved by the CAA? Yes [ ]  No [ ]

23 Is the risk assessment satisfactory to the ABP Safety team? Yes [ ]  No [ ]

24 Name of ABP Safety team member authorising: Click here to enter text.

25 Has the flight plan been agreed with the Dock Master? Yes [ ]  No [ ]

26 Name of Dock Master authorising: Click here to enter text.

27 Has the flight plan been agreed with the PFSO? Yes [ ]  No [ ]

28 Name of PFSO or deputy authorising:

29 Has a copy of the UAV operator’s public liability cover been provided? Yes [ ]  No [ ]

30 Is the flight authorised by ABP person named in Section 21? Yes [ ]  No [ ]

(If any section of Part B Q22-29 is ticked ‘No’, flight must not be authorised)

|  |
| --- |
| **31 If flight is not authorised, please detail why:** Click here to enter text. |