

Remotely Piloted Aircraft System (RPAS) Operations Agreement Form – Rangiora Area

Airfield(s) affected: _____

Name of RPAS operator: _____

Email: _____ Phone: _____

Location of operation: _____ Date/Time: _____

We are required to know		Yes	No	Not applicable	Reference (Civil Aviation Rules)
1.	Are you the holder of a Part 102 Unmanned Aircraft Operator Certificate?	☐	☐	☐	Part 102
2.	If your answer to the above question is Yes, have you been granted a variation to Part 101?	☐	☐	☐	Part 102.21
3.	Do you understand the rules and requirements of Part 101, supplemented by AC101-1 and CATI 101-1?	☐	☐	☐	Part 101, AC101-1 and CATI 101-1
4.	Is your planned operation within 4km of an uncontrolled airfield?	☐	☐	☐	Part 101.205
5.	Will you have an observer in attendance?	☐	☐	☐	CATI 101-1 Sec2.3 (a)(3)(iii)(A)
6.	Have you been approved by CAA to operate the aircraft above 400ft AGL?	☐	☐	☐	CATI 101-1 Sec2.3 (a)(3)(iii)(B)
7.	Do you hold a pilot qualification issued by an approved person or organisation?	☐	☐	☐	CATI 101-1 Sec2.3 (a)(1)(i) or (iii)
8.	If your answer to the above question is No, will you be under direct supervision of a suitably qualified person?	☐	☐	☐	CATI 101-1 Sec2.3 (a)(1)(ii)
9.	Is your operation a shielded operation?	☐	☐	☐	CATI 101-1 Sec2.3 (b)
10.	Are you aware of The Ashley-Rakahuri Rivercare Group for bird protection in the Ashley riverbed?	☐	☐	☐	More information
11.	Do you have permission from the owner of the property over which you will be flying?	☐	☐	☐	101.207

NOTE: Under Rule 101 the operator of an RPA is required to ensure that their aircraft remains in sight at all times, does not fly on or over any active movement area of an airfield and gives way to and remains clear of any manned aircraft on the ground or in flight.

Maximum altitude above ground: _____

NOTE: Applications to be received three days prior to scheduled flight. When completed please email to office@wmk.govt.nz

Continued over page

Subject to the satisfactory completion of this Agreement Form, we hereby agree to the Operator named on this form operating one Remotely Piloted Aircraft as detailed above.

PLEASE NOTE - A signature is not required if you submit this form electronically. By entering your name in the boxes below you are giving your authority for this agreement to proceed.

		Name	Signature	Date
For	Airfield			
For RPAS Operator				

Internal use only

NOTAM ☐ Required ☐ Issued

Limitations (Council to complete):