

# 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	<input type="checkbox"/>	Barrow	<input type="checkbox"/>	Barry	<input type="checkbox"/>
Cardiff	<input type="checkbox"/>	Dover	<input type="checkbox"/>	Finningley	<input type="checkbox"/>
Garston	<input type="checkbox"/>	Goole	<input type="checkbox"/>	Grimsby	<input type="checkbox"/>
Hams Hall	<input type="checkbox"/>	Head Office	<input type="checkbox"/>	Hull	<input type="checkbox"/>
Immingham	<input type="checkbox"/>	Ipswich	<input type="checkbox"/>	Kings Lynn	<input type="checkbox"/>
Lowestoft	<input type="checkbox"/>	Newport	<input type="checkbox"/>	Plymouth	<input type="checkbox"/>
Port Talbot	<input type="checkbox"/>	Silloth	<input type="checkbox"/>	Southampton	<input type="checkbox"/>
Swansea	<input type="checkbox"/>	Teignmouth	<input type="checkbox"/>	Tron	<input type="checkbox"/>

**6 Name of registered UAV operating company:** [Click here to enter text.](#)

<b>7 Full name of UAV pilot:</b>	<a href="#">Click here to enter text.</a>	<b>8 Date of Birth of UAV pilot:</b>	<a href="#">Click here to enter a date.</a>
<b>9 Address of UAV pilot:</b>	<a href="#">Click here to enter text.</a>		
<b>10 Type of qualification held by UAV pilot:</b>	Choose an item.		
<b>UAV Details</b>	<b>11 Make:</b>	<a href="#">Click here to enter text.</a>	
	<b>12 Model:</b>	<a href="#">Click here to enter text.</a>	
<b>13 Date of flight:</b>	<a href="#">Click here to enter a date.</a>	<b>14 Times of flight:</b>	<a href="#">Click here to enter text.</a>

- 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:** [Click here to enter text.](#)

**\*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 Harbour Master/Deputy? Yes  No

26 Name of Harbour Master/Deputy authorising: [Click here to enter text.](#)

27 Has the flight plan been agreed with the PFSO/Deputy? Yes  No

28 Name of PFSO or deputy authorising: [Click here to enter text.](#)

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.](#)

