



THE REPUBLIC OF UGANDA
NON-ALIGNED MOVEMENT SUMMIT, KAMPALA 2024

FORM C-4

UAV (DRONE) EQUIPMENT FORM

(To be attached with a note verbale/official letter from relevant organization)

Country/Organization _____

Tel No. _____

1.	TYPE OF DRONE:
2.	MODE:
3.	SERIAL NUMBER :
4.	ALTITUDE(FT):
5.	WEIGHT :
6.	MAX DISTANCE:
7.	DRONE ENDURANCE:
8.	NAME OF DRONE OPERATOR:
9.	ID/PASS NO:
10.	OPERATOR DRONE CERTIFICATION NO/LICENSE:

- Please Turn Over -



For applicants only

Ref. No. _____ Signature and stamp _____

Date _____ Name _____

For Official Use only

Flight permission number: _____ Signature and stamp _____

Ref. No. _____

Date _____

CC: Civil Aviation Authority
Special Forces Command
Ministry of Security

REMARK:

- I. Hazardous or Dangerous Cargo description must be annexed to this request.