



CIVIL AVIATION AUTHORITY OF BOTSWANA
P. O. Box 250

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APPLICATION FOR REMOTELY PILOTED AIRCRAFT (RPA) CERTIFICATE			
SURNAME		FIRST NAME	
PASSPORT / ID NUMBER		DATE OF BIRTH	
		PLACE OF BIRTH	
		NATIONALITY	
GENDER	MALE		FEMALE
RESIDENTIAL ADDRESS			
APPLICANTS POSTAL ADDRESS IN BOTSWANA			
TELEPHONE NUMBER		EMAIL ADDRESS	
APPLICATION	Initial		
	Renewal		
	Duplicate		
CATEGORY	Rotor		
	Fixed Wing		
	Powered Lift		
MAKE, MODEL AND TYPE			
SERIAL NUMBER			
Intended use of the RPA			
Give a brief description and area of intended operation:-			
SIGNATURE OF APPLICANT	NAME IN BLOCK LETTERS	DATE	
FOR OFFICIAL USE ONLY :			
Details checked by:			
OFFICIAL'S SIGNATURE	NAME IN BLOCK LETTERS	DATE	
AMOUNT PAID	P250.00	RECEIPT NUMBER	