



Federal Aviation
Administration

<< OE/AAA

UAS COA Case

Draft #: 4208
Case Status: Draft
Submitted: 08/28/2013

Proponent Information
Point of Contact
Information
Operational Description
System Description
Performance
Characteristics
Airworthiness
Procedures
Avionics/Equipment
Lights
Spectrum Analysis
Approval
ATC Communications
Electronic Surveillance/
Detection Capability
Visual Surveillance/
Detection Capability
Aircraft Performance
Recording
Flight Operations Area/Plan
Flight Aircrew Qualifications
Special Circumstances
Preview Case

COA Status/Email History

Project

Flight Aircrew Qualifications

FAA or DOD Equivalent (Indicate all that apply):

	Pilots	Observers
*Private (Written)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Private (Certified)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Instrument	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Commercial	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Air Transport	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Unique Trained Pilot	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Describe For Each	<input type="text"/>	<input type="text"/>
*DOD Certified/Trained	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Other Certified Training	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Trained on Part 91 Requirement	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
*Medical Certification Class: (FAA or DOD equivalent)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
*Currency Status: (Describe For Each)	<input type="text"/>	<input type="text"/>
*Duty Time Restrictions:	<input type="text"/>	<input type="text"/>
*Single UAS Control	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Provide Description	<input type="text"/>	<input type="text"/>
If No, Provide Total Numbers of UAS Controlled	<input type="text" value="1"/>	<input type="text" value="1"/>

Attach
Description
(0)

CLONE THIS
CASE

PREVIEW
CASE

SAVE AS
DRAFT

COMMIT
CASE

CANCEL
DRAFT

PRINT

DOWNLOAD

MAP
UAS COA

MAP 3D

PREVIOUS

NEXT

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