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# Republic of Rwanda

*RCAA-UTO-Form-UAS001*

## APPLICATION FOR ISSUE/ RENEWAL OF UNMANNED AIRCRAFT SYSTEM TRAINING ORGANIZATION

### SECTION 1

#### 1. NAME AND ADDRESS OF UTO

(a) Name and mailing address of company (include business name if different from company name)	(b) Address of the principal (main) base where operations will be conducted.
(c) Name and address of Satellite 1	(d) Name and Address of Satellite 2

#### 3. MANAGEMENT PERSONNEL

Name	Management Position

#### 4. TYPES OF TRAINING COURSES AND LOCATION

Specific Training Course(s)	Training Location (Main Base or Satellite by Name)

#### 5. APPENDICES

Details of proposed training curricula, training equipment, training facilities, qualifications of training and testing personnel, evaluation plans, record keeping system and quality control system are described in the following Appendices to this application as shown by the ticked box:

Subject	Appendix
<input type="checkbox"/> Proposed Training Curricula/Syllabuses and Courseware	A
<input type="checkbox"/> Training Equipment/Device	B
<input type="checkbox"/> Training Facilities	C
<input type="checkbox"/> Qualifications of Instructors	D
<input type="checkbox"/> Evaluation Plans	E
<input type="checkbox"/> Recordkeeping System	F
<input type="checkbox"/> Quality Control System	G

6. ATTACHMENTS AND ADDITIONAL INFORMATION		
Accompanying Attachments		Attachment
<input type="checkbox"/>	Training Procedures Manual	1
<input type="checkbox"/>	List of Training functions	2
<input type="checkbox"/>	Schedule of Events	3
<input type="checkbox"/>	Contracts or Letters of Intent	4
<input type="checkbox"/>	Resumes of Management Personnel	5
<input type="checkbox"/>	Vital information Data Forms	6
<input type="checkbox"/>	Safety Management Systems and Quality Manual	7
<input type="checkbox"/>	Security Manual	8
<input type="checkbox"/>	Operations manual including (General information, Standard operating procedures for each type of UAS, Routes and operational areas (if applicable))	9

**Additional Information:**

**7. STATEMENT BY ACCOUNTABLE MANAGER**

The details in this form, its Appendices and accompanying documents are in support of my (our) application for an Approved Unmanned Aircraft Systems Training Organization. I (We) shall notify the Authority within 10 working days of any change made in the assignment of persons to the required management positions in the UTO.

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2 - TO BE COMPLETED BY THE RCAA OFFICE.**

Acceptance or Denial	
<input type="checkbox"/> Application Accepted  <i>Note: Acceptance of this application does not constitute approval or acceptance of individual Appendices Attachments which will be evaluated during the approval assessment.</i>	<input type="checkbox"/> Application Denied - Reasons for Denial:

**Recommendations**


UAS Inspector \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

