

DRONE APPLICATION

Drone Operators Name: _____

Launch Point: _____

Start Date and Time: _____

Duration: _____

Drone Operator Mobile Number: _____

Email contact: _____

MSIC Number (if applicable): _____

Purpose of intended flight: _____

Type of Drone: _____

DOCUMENTS TO BE SUBMITTED AT LEAST TWO WORKING DAYS PRIOR TO DATE OF OPERATION

1. Drone Permit
2. Intended flight plan – refer Port map on the back of this application
3. Type of Drone
4. CASA certificates of operation
5. Copy of MSIC and Port Entry Permit (if applicable)
6. JSA or Risk Assessment

Email this permit application to: shipping@portofportland.com.au

ACTIONS PRIOR TO OPERATIONS

1. Drone operator to contact the Port of Portland, the day before, to confirm an appropriate flight time, on 0419 100 154
2. Drone operator to contact the PSO on the day of the proposed flight once all equipment is in place and ready to fly
3. Drone operator to advise PSO once the drone has been safely grounded
4. The sequential actions are to take place each time a drone is piloted

Drone Operators Signature: _____

Date: _____

office use only

Approval granted: Yes No

Notification Sent:

Signed: _____

Approval granted by: _____

Date: _____

