



**4 Wing Cold Lake
Unmanned Aircraft
Systems Prior Permission
Request (PPR) Form**

(3030-1)



Application for UAS operations within 4 Wing Cold Lake Military Airspace shall be submitted to the Wing UAS Officer for review no later than 5 working days prior to the planned operation. Applicants are to email the completed form including their Advanced Operations Pilot Certificate, Special Flight Operations Certificate (SFOC), if required and a satellite map showing intended area of operations to the 4 Wing COC to forward to the 4 Wing UAS Officer. UAS operators are expected to be familiar and comply with the 4 Wing Flying and Range Orders (WFRO) in addition to the 4 Wing UAS Policy. The 4 Wing 4 OSS Commanding Officer reserves the right to approve, approve with restrictions or deny any PPR for any reason.

Please complete this form and return it via E-mail. For any questions, contact the 4 Wg COC.

Phone: 1-780-840-8595 CSN: 690-8595 Fax: 1-780-840-4033 Email: 4WGCOC@forces.gc.ca

Operation Information

Organization: _____

Start Date of Operations: _____ End Date of Operations: _____

Purpose: _____

Launch Location (Lat/Lon): _____ Recovery Location (Lat/Lon): _____

Ground Ops Location (Lat/Lon): _____ Handoff Location (Lat/Lon): _____

Operating Altitude: _____

Launch/recovery times: _____

Proposed Route: _____

Amplifying Information:

Give detailed explanation of any exceptions to 4 WFROs being requested:

Make and model of UAS including description of EM emissions (incl. freq & max power output):

EM/EO/IR sensors on board (incl. purpose and capability):

Sensor Plan (incl. where and what the sensors on board will be viewing) *(include as an attachment to this form)*

List of Onboard Navigational equipment:

What Class(es) of airspace will the UAS operate in?

Does the UAS have sense and avoid capabilities?

Is the UAS certified with the Federal Aviation Administration?

If yes, attach certification documents

List of operators names and qualifications:

Requestor Information

Rank & Name: _____

Email: _____ Phone: _____

4 Wing UAS OFFICER Recommendation (Office Use)

Recommended Signature _____ Date

Comments

4 Wing CO 4 Operational Support Squadron Approval (Office Use)

Approved Signature _____ Date

Comments