

**HONG KONG BAPTIST UNIVERSITY  
ESTATES OFFICE**

Ref No.: \_\_\_\_\_

**Application for Permission to Operate Small Unmanned Aircraft on Campus**

Please read the following notes before completing this application form:

1. The Small Unmanned Aircraft (“SUA”) Order is introduced under the Civil Aviation Ordinance (Cap. 448) to govern SUA operations. Applicants shall comply with all regulatory requirements under the law. Further information can be sought from the website of Civil Aviation Department (“CAD”) at <https://www.cad.gov.hk/english/sua.html>
2. The safety information which contains the safety considerations for SUA operations can be downloaded from the CAD’s web portal for small unmanned aircraft (<https://esua.cad.gov.hk/>).
3. **The application for SUA operation on campus must be related to teaching and research purpose, university events, or building survey and inspection purposes. Commercial related activities or personal enjoyment will not be accepted.**
4. The completed application form together all supporting documents shall be sent by email to [eo@hkbu.edu.hk](mailto:eo@hkbu.edu.hk) at least **14 working days** before the date of operation.
5. Applicants have to bring along the approved application form, the updated risk assessment form, the SUA and their staff/student cards to the Campus Security Control Room at Li Promenade for verification by campus security guards before the SUA operation and report to the security hotline at 3411 7777 once the SUA operation is finished.
6. Please report to the security hotline at 3411 7777 immediately for any accidents/ incidents during the operation.
7. Data collected in this form will be handled in accordance with the [Privacy Policy Statement and Personal Information Collection Statement](#) of the University. Please provide the personal data as requested and ensure that they are accurate.

**I. Applicant’s Information**

Name: \_\_\_\_\_ Staff/ Student Card No.: \_\_\_\_\_ Department/Office: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email (For receiving application result): \_\_\_\_\_

**II. SUA Operation**

- Purpose(s): \_\_\_\_\_  
(Please ✓ the box)
- Teaching and research (Programme name: \_\_\_\_\_)
  - Aerial photography (for University’s events only)
  - Building survey/inspection (Name of building & façade: \_\_\_\_\_)  
please attach photo(s) / drawings
  - Others, please specified: \_\_\_\_\_

Date/Time of Flight: From \_\_\_\_\_  am /  pm to \_\_\_\_\_  am /  pm

**III. SUA Flight Area**

<b>Operation Route:</b>	<input type="checkbox"/> Outdoor (a campus map indicating the flying route(s), location of remote pilot and observer is attached) <input type="checkbox"/> Indoor venue(s): _____ (the venue has been reserved with respective department/office)
<b>Flight within campus boundary</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the operations involving carriage of goods</b>	<input type="checkbox"/> Yes (please specify: _____ and weight _____ kg) <input type="checkbox"/> No
<b>Does the operations involving photo taking/ filming</b>	<input type="checkbox"/> Yes (please specify: _____) <input type="checkbox"/> No
<b>Does the operation area is for drone racing/ competition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**III. Applicant's Declaration of SUA Operations on Campus**

\*Please complete the following tables by ✓ the appropriate box and/or fill in the blanks:

1. SUA Manufacturer & Model						
2. Category of SUA Operations	Standard Cat A1 SUA Operation	Standard Cat A2 SUA Operation <small>see note 1</small>	Advanced Operation			
3. Weight of SUA <small>see note 2</small>	<input type="checkbox"/> ≤ 250 g (Please specify _____)	<input type="checkbox"/> 250 g < weight ≤ 7 kg (Please specify _____)	(_____ kg)			
4. SUA registration certificate no. and validity date	/	Registration No.: Validity Date:	Registration No.: Validity Date:			
5. Flying altitude	<input type="checkbox"/> < 100 ft. from ground level	<input type="checkbox"/> < 300 ft. from ground level	(_____ ft.)			
6. Maximum speed	<input type="checkbox"/> < 20 km/hr	<input type="checkbox"/> < 50 km/hr	(_____ km/hr)			
7. Minimum lateral separation from uninvolved people / structures / vehicles / vessels	<input type="checkbox"/> 10 m	<input type="checkbox"/> 10 m (max. flying speed ≤ 20 km/hr); or 30 m (20km/hr < flying speed ≤ 50 km/hr)	(_____ m) and / or (_____ m)			
8. Time of operations	<input type="checkbox"/> Flight at daylight only	<input type="checkbox"/> Flight at daylight only	Flight at:			
9. Maintain full-time visual line of sight	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes			
10. Min. age of SUA responsible person		<input type="checkbox"/> >18	<input type="checkbox"/> >18			
11. Name of Remote Pilot 1	/					
12. Certificate of Remote Pilot 1						
13. Name of Remote Pilot 2 (if any)				*Staff / student / Company (delete as appropriate) ( <i>Where applicable</i> )		
14. Certificate of Remote Pilot 2				Certificate Registration No.:	Certificate Registration No.:	
15. Min. age of remote pilot(s)				( <i>Where applicable</i> )		<input type="checkbox"/> With Advanced Rating
16. Equipment requirements: safety system (flight log & geo-awareness)				*Staff / student / Company (delete as appropriate) ( <i>Where applicable</i> )		
17. Permission from CAD prior to operations				Certificate Registration No.:	Certificate Registration No.:	
18. SUA insurance for third-party liability (bodily injury and/or death)				( <i>Where applicable</i> )		<input type="checkbox"/> > 14
19. Maximum dimensions of SUA				<input type="checkbox"/> I will comply with such requirements and maintain records for at least 6 months ( <i>Where applicable</i> )	<input type="checkbox"/> I will comply with such requirements and maintain records for at least 6 months	
20. Maximum number of SUA to be operated by a remote pilot at the same time				/		<input type="checkbox"/> A copy is attached
21. Carriage of person or animal				<input type="checkbox"/> Min. coverage at HK\$5 million and a copy is attached. ( <i>Where applicable</i> )	<input type="checkbox"/> Min. coverage at HK\$5 million and a copy is attached.	
22. Item to be dropped from SUA				<input type="checkbox"/> 1 m, except that the longest distance between any two rotor blade tips can be up to 1.2 m	/	
				<input type="checkbox"/> 1 only		
				<input type="checkbox"/> The SUA shall not carry any person or animal during the flight		
				<input type="checkbox"/> Nothing shall be dropped from the SUA during the flight.		

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- Note 1: For SUA operations for educational or research purposes conducted within the school premises, limited application of the SUA Order is applied. Please refer to the Small Unmanned Aircraft Advisory Circular AC009 for detailed guidance of these operations.
- Note 2: The weight of an unmanned aircraft includes battery, payload and other parts of an aircraft. Under the Small Unmanned Aircraft Order (SUA Order), in determining the weight of an unmanned aircraft, everything installed in, carried by or attached to the unmanned aircraft is to be taken into account.

**IV. Risk Assessment (Sample for reference. Please use a separate sheet if you need more space. )**

<b>Risk no.</b>	<b>Identified Hazard</b>	<b>Associated Risk (What &amp; How)</b>	<b>Mitigation Incorporated</b>	<b>(For EO use only) Acceptable (Y/N)</b>
1.	Unexpected obstacles protruding from the building which hinders visual line of sight	SUA may collide with the building/ obstacles		
2.	Flight over persons/ objects			
3.	Loss of control of the SUA			
4.	SUA drops during operation			
5.	Remote pilot's vision might be impaired by the environment, e.g. glare, reflection			
6.				

**V. Declaration of Application and Endorsement**

I declare that I understand and will observe the prevailing legislative requirements regarding SUA operations on campus. The Estates Office reserves the right to suspend the SUA operations during emergency or due to any other unforeseeable situations, without prior notice.

Name of Applicant: \_\_\_\_\_

Staff/Student no.: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Mobile Phone no.: \_\_\_\_\_

Name of Company for building inspection / survey: \_\_\_\_\_

Company Emergency Contact: \_\_\_\_\_

Signature of Responsible Staff / Course

Date: \_\_\_\_\_

Teacher or Supervising Staff (where applicable): \_\_\_\_\_

Name: ( \_\_\_\_\_ )

(Office Tel. no.: \_\_\_\_\_ )

Endorsed by Department / Office with Official Chop: \_\_\_\_\_

Date: \_\_\_\_\_

Department/ Office: \_\_\_\_\_

**Application Result:** (For the Use of Estates Office)

- Application approved                       Application endorsed (exempted SUA school operations)
- Application rejected for the following reason(s):
- The venue is considered not suitable for SUA operation
- Others: \_\_\_\_\_

Handled by: \_\_\_\_\_ Date: \_\_\_\_\_

General Enquiries: 3411 5688

Emergency contact during SUA operation: 3411 7777 (Campus Security Hotline)