

Application for a permit to fly drones within areas critical to flight safety

Required information to apply for a permit according to The Order on Drones §9-10 (BEK no. 1649/2023)

Drone operator's contact information

Are you applying as a	<input type="checkbox"/> Private individual <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Business <input type="checkbox"/> Public institution	
Drone operator's / Company's Full Name		
Operator registration number		
Drone operator's / Company's details	Address	
	Zip code	
	City	
	Phone number	
	E-mail	
	Company identification number (if applicable)	

Information about contact person

Remote pilot's contact details	Full name	
	Phone number	
	E-mail	

Drone operation area

Which type of flight safety critical area does the application apply to?*	<input type="checkbox"/> Areas critical to flight safety at public or military airfields (§9) <input type="checkbox"/> Areas critical to flight safety at HEMS (helipads) (§ 10)	
Address of the drone operation	Address	
	Zip code	
	City	
Additional remarks		

Purpose of the drone operation and drones used during the operation			
Purpose of the drone operation	<input type="checkbox"/> Benefits society <input type="checkbox"/> Research purposes <input type="checkbox"/> Commercial purpose		
Specify the purpose of the drone operation NB: For commercial purposes, first describe the purpose and necessity of the drone operation. Then specify why the purpose of the task would be significantly compromised, made more expensive, or otherwise degraded if it were to be carried out in a way other than using a drone.			
Drone model(s) used during the operation	Drone model		
	Drone's weight		
	C-labelled	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one?
Operational period and duration			
Is the operational period longer than 1 year?	<input type="checkbox"/> Yes (Attach contract to the application) <input type="checkbox"/> No		
Expected number of operations	<input type="checkbox"/> 1 operation <input type="checkbox"/> 2 operations or more		
Duration of the operation	Start date		
	End date		
	Timeslot for the drone operation (e.g. 08.00-16.00)		
Total flight duration	Minutes		
Maximum flight altitude of the operation above ground level	Meters		
Is the flight conducted based on DK-STS-03? <small>(only applicable for remote pilots with a Danish "Dronebevis" and a valid DK-STS-03 declaration until 31th of december 2025)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the operation carried out on the basis of an operational authorization in the specific category?	<input type="checkbox"/> Yes (Attach Operational Authorisation to the application) <input type="checkbox"/> No		
I declare that a drawing/illustration of the operation area is attached to the application <small>NB! (the area can be illustrated using dronzoner.dk)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional remarks			

Invoice information	
Company name or name of private individual	
Contact person at the company (if applicable)	
Adresse (incl. Zip code)	
Country	
CVR no. <input type="checkbox"/> CPR no. <input type="checkbox"/> (company/personal identification number)	
Email address (if the invoice should be sent via email)	
EAN number (if the invoice should be sent as an electronic invoice)	
Order number (Received by the company)	
Invoice description	

*All flight safety critical areas are displayed on dronezoner.dk and can be identified as red zones.