Office of the Director of Civil Aviation

Guernsey Airport
YOUR GATEWAY TO THE CHANNEL ISLANDS

ATZ (EGJB) - DRONE FLIGHT REQUEST FORM

No.

Section 1 – To be completed by drone operator or ATC personnel.

Operator:	Aerial Work Permit (If applicable):
Contact #:	Backup Contact #:
Location of Flight:	Perry's Grid Reference (if known):
what3words/// (if known):	Inside ATZ: YES / NO
Date of Flight:	Height:
Start Time:	Duration:

Any additional information:

If returning by email, send to GuernseyATCSupervisor@gov.gg

Section 2 – To be completed by ATC supervisor.

Indicate whether request is: Approved ☐ Denied ☐

If approved, detail any limitations to be applied:

If denied, state reasons why:

Date and time operator advised of decision.:

Signature of ATC Supervisor: _____ Date _____