**FOCA-UAS-EU-STS-DEC**

Operational declaration to STS

(Appendix 2 to Article 5.5 IR (EU) 2019/947)

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| --- | --- | --- | --- | --- |
| **General Information** | | | | |
| 1 | UAS Operator Data | | | |
| 1.1 | UAS Operator Identification number (ID) | | Enter text… | |
| 1.2 | UAS Operator Name | | Enter text… | |
| 1.3 | Type of Standard Operating Scenario | | EU-STS - 01Enter text…EU-STS-02 | |
| 1.4 | Operational point of contact | | Name: Enter text…  Address: Enter text…  Phone: Enter text…  E-Mail: Enter text… | |
| 2. | UAS Manufacturer | | Enter text… | |
| 3. | UAS Model name | | Enter text… | |
| 4. | Number of UAS and serial number(s)\* | | Enter text… | |
| 5. | Name and version of the operation manual | | Enter text… | |
| **Data protection:** Personal data included in this declaration is processed by the competent authority pursuant to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). It will be processed for the purposes of the performance, management and follow up of the oversight activities according to Commission Implementing Regulation (EU) 2019/947.  If you require further information concerning the processing of your personal data or you wish to exercise your rights (e.g. to access or rectify any inaccurate or incomplete data), please refer to the contact point of the competent authority.  The applicant has the right to make a complaint regarding the processing of the personal data at any time to the national Data Protection Supervisory Authority. | | | | |
| **Declaration of compliance** | | | | | |
| I, the undersigned, hereby declare that the UAS operation will comply with:   * All the applicable provisions of Implementing Regulation (EU) 2019/947 and especially with STS requirements; and * Appropriate insurance cover will be in place for every flight made under the declaration, if required by Union or national law.   Moreover, I declare that the related insurance coverage, if applicable, will be in place at the start date of the UAS operation. | | | | | |
| **Place and Date**  Specify Location…  Specify date… | | **Name and Signature** | | ***FOR FOCA ONLY*** | |

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| --- | --- | --- | --- |
| **\*** Conducting STS Operations with different UASs (not used at the same time in the same location and all bearing the appropriate class identification label, please specify concerned UAs below: | | | |
|  | **UAS Manufacturer** | **UAS Model** | **UAS serial number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Next steps**

* Please send this form as *pdf* and all relevant documentation to: [rpas@bazl.admin.ch](mailto:rpas@bazl.admin.ch)
* Further substantiation or documentation might be required upon request by FOCA.
* If the declaration is complete, FOCA sends a confirmation of reception and acceptance allowing the immediate start of operations under the according standard scenario.