# Application to carry out an unmanned drone sprayer test

**Application date:**

**Applicant details**

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| Company name: |
| Name of responsible person: |
| Address: |
| Telephone: |
| Email address: |

**Description of the test**

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| Purpose of the test: |
| Location: |
| Farm or property identifier: |
| Test site area: |
| Test site owner: |
| Date and time of test: |
| Description of the test process: |

**Plant protection product to be used**

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| Registration number: |
| Product name and active substance(s): |
| Amount used: |
| Method of application: |

**Application device**

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| Manufacturer: |
| Model: |
| Type: |
| Take-off weight: |
| Fluid tank capacity: |
| Sprayer test number: |
| Spraying altitude: |

**Flight conditions for spraying**

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| **Test features minimum 100m safety distance** | **Yes** | **No** |
| to the nearest residence and its yard |  |  |
| to a watercourse, water tank, water abstraction plant, and the protected area thereof |  |  |
| to a groundwater area, if the test uses a plant protection product that is banned in groundwater areas |  |  |
| to a nature reserve under the Nature Conservation Act (9/2023) |  |  |
| to an animal shelter or apiary |  |  |
| to a school or day-care centre |  |  |
| to a nearby crop, if not the same crop that grows in the test site |  |  |

If the test does not observe a minimum 100m safety distance, Tukes may approve a shorter distance if the applicant can justify the request. Applicant requests safety distance under 100m.

Applicant requests safety distance under 100m

Yes  No

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| Justification for short safety distance: |

The applicant agrees to supervise the spraying of the plant protection product from an unmanned drone and to stop the process, if visual contact with the drone is lost.

Yes  No

The applicant agrees to ensure that there are no bystanders in the test site.

Yes  No

The person responsible for the test or someone involved in the planning and performance of the test has a qualification required in section 10 of the Act on Plant Protection Products

Yes  No

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| Name of qualified person: |
| Qualification expiry date: |

**Required attachments**

Map with indicated test site, take-off site and 100m safety distances