

## Applicant / UAS Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Suite/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Will be used for contact and updates)

I am in (College/Department or Admin Unit): \_\_\_\_\_

Identify other Participant(s): \_\_\_\_\_  
Name, Role in Flight

Date of Proposed Flight: \_\_\_\_\_ Make/Model of UAS: \_\_\_\_\_ Weight of UAS: \_\_\_\_\_

Was FAA flight approval obtained?  YES  NO      Is this a repeat request?  YES  NO

UAS FAA Registration No: \_\_\_\_\_

Does this UAS belong to the University?  YES  NO      If no, attach Certificate of Insurance. Insurance must cover this use/activity and NOT exclude UAS use and related incidents.

Is this UAS modified from its original design?  YES  NO      If yes, how? \_\_\_\_\_

Name of Pilot in Command: \_\_\_\_\_ License No: \_\_\_\_\_ (Attach Copy)

Does Pilot have Current FAA medical certificate?  YES  NO

## Flight Information

Under what authority will this flight take place? \_\_\_\_\_

What is the purpose of this flight? **(Purpose must relate to the University's educational mission) (Attach)**

Where will the flight take place? \_\_\_\_\_ **(Attach flight activity plan)**

At what altitude will the flight take place (max. 400 ft.)? \_\_\_\_\_

At what time of day will flight take place (night flight prohibited)? \_\_\_\_\_

Duration of Flight From: \_\_\_\_\_ To: \_\_\_\_\_

Will the flight operate over non-University property?  YES  NO **If so, include a plan to notify and secure permission from landowners in the flight path (attach with application or submit as soon as obtained).**

Have you received and reviewed a copy of the UAS Review Committee Policy and Guidelines?  YES  NO

Will flight require a waiver of operations  
guidelines or executive officer approval?

YES NO

### **Certification of Applicant / Pilot**

*I certify that the information above is true and correct. I agree to comply with Guidelines, Operations Manual, and Flight Activity Plan.*

Applicant

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

*I certify that the information above is true and correct. I agree to comply with Guidelines, Operations Manual, and Flight Activity Plan.*

Pilot

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