The UNIVERSITY of OKLAHOMA | HEALTH CAMPUS

UAS Flight Application

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 Fight: _____ 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.

FOR THIRD PARTIES ONLY: I hereby knowingly and voluntarily, for myself, my heirs, executors, administrators, and assigns, agree to indemnify, release and hold harmless the Board Regents of the University of Oklahoma, its officers, members, employees, volunteers and representatives from any and all liability associated with the operation of this UAS, including but not limited to liability for claims, causes of action, or lawsuits, or bodily injury, personal or advertising injury, wrongful act, property damage, breach of contract or consequential loss resulting in damages, judgments, settlements, or any monetary loss, including attorney's fees.

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.

FOR THIRD PARTIES ONLY: I hereby knowingly and voluntarily, for myself, my heirs, executors, administrators, and assigns, agree to indemnify, release and hold harmless the Board Regents of the University of Oklahoma, its officers, members, employees, volunteers and representatives from any and all liability associated with the operation of this UAS, including but not limited to liability for claims, causes of action, or lawsuits, or bodily injury, personal or advertising injury, wrongful act, property damage, breach of contract or consequential loss resulting in damages, judgments, settlements, or any monetary loss, including attorney's fees.

Pilot
Signature: _____ Date: _____