



Applicant / UAS Information

Full Name: Last First M.I. Date:

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. Furthermore, if I am student or otherwise not-affiliated with the University, 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 resulting therefrom.

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: _____