



## Request to Operate Unmanned Aircraft Systems (UAS) Application

**Instructions:** Complete each of the following questions. Incomplete forms will not be considered for approval. Once application is complete submit to [durisk@drake.edu](mailto:durisk@drake.edu).

### Requestor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Operator of Drone Information

Please submit the following:

- ✓ FAA Certificate Registration
- ✓ Certificate of Drone Insurance
- ✓ Declaration of compliance, if required

Name of Operator: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*(In addition to the actual operator, will others be assisting with the operation?)* \_\_\_\_\_

Flight Dates(s) and Time(s): \_\_\_\_\_

Maximum Height the UAS will be flown: \_\_\_\_\_

UAS Make/Model: \_\_\_\_\_ FAA Registration #: \_\_\_\_\_

Remote ID, if required:  Yes  No

Describe location where your flight will take place:

Explain purpose of the flight:

Explain how photos or video footage be used:

**UAS Application Agreement**

- I agree to read and follow Drake University’s UAS Policy
- I will check flight restrictions prior to flight using the FAA ALOFT app and will follow any guidance by using this app.
- I will follow all applicable FAA air traffic and general operating rules
- I will take adequate measures to prevent capturing images or video that may be private and will submit my videos or photos to the Risk and Insurance Office if asked
- I will notify the Risk and Insurance Office if and when a UAS becomes disabled in an inaccessible location, such as a roof. I will not attempt to retrieve the drone without assistance from a Public Safety or Facilities Planning and Management team member.
- Should such injury or damage occur, I will notify the Risk and Insurance Office to write up a formal report.

UAS Operator Signature: \_\_\_\_\_

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

UAS Operator Print Name: \_\_\_\_\_

Drake University Approval: \_\_\_\_\_

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