APPLICATION FOR AUTHORIZATION TO USE UNMANNED AIRCRAFT SYSTEMS (UAS)

This application must be completed and submitted to <u>martink@gbc.edu</u> by any person who intends to operate a UAS on College property. The application must be completed and submitted prior to any UAS operations on any College property, at any College sponsored event, or as part of their College employment. All forms and required attachments must be submitted not less than two (2) weeks in advance of flight operations. The requestor will receive a response from the College within 10 working days of request receipt.

ANY OMISSION OF INFORMATION REQUESTED IN THIS APPLICATION MAY RESULT IN A DELAY OF PROCESSING OF APPLICATION AND APPROVAL.

		lication:: REQUESTOR INFORMATION		
1.	Appl			
	1.1.	Full Name of Applicant:		
	1.2.	Title and Affiliation:		
	1.3.	Address:		
	1.4.	Phone Number(s):(include cell phone #)		
	1.5.	Email:		
2.	Is the	e Applicant the UAS Owner	YES	NO
	If the	answer is NO, please provide the following information:		
	2.1.	Full Name of UAS owner:	<u> </u>	
	2.2.	Title and Affiliation:		
	2.3.	Address:		
	2.4.	Phone Number(s):(include cell phone #)		
	2.5.	Email:		
	Is the	UAS Owner Affiliated with the College?	YES	NO

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

of the UAS operator(s) and/or flight team. I associated with the use of the UAS, there m	ntion, research, promotional, etc.), including identity Depending upon your intended use and activities may be other College approvals required before you reat university events. Please include whether the otography or recording devices of any type.
1. Purpose of planned flight:	
Research	Educational
Promotional	Other College Business

2. Persons involved in the operation of the UAS

2.1	Name of the Pilot (or Remote Pilot) in Command: ("PIC")
	Title and Affiliation:
	Address:
	Phone Number(s):(include cell phone #)
	Email:
2.2	Name of the Visual Observer("VO"):
	Title and Affiliation: (list current College faculty, staff, student, vendor, etc.)
	Address:
	Phone Number(s):(include cell phone #)
	Email:
3. Specific	Location of planned flight:
	Latitude and longitude of the location:
	Maximum altitude planned for the flight:
	Maximum distance of the UAS from the PIC:
	Air space classification of the proposed location:
	Are any additional approvals required for flying in this airspace*:
	YES NO

^{*} If the answer is **YES**, (i.e. additional approvals are required for flying in this airspace), attach the required approvals.

Expected date(s) of operation:		
Expected start time:		
Expected end time:		
ON 3: UAS DESCRIPTION, SPECIFICATIONS, AND LIABI	LITY INSURAI	NCE
3.1 Are you planning to use a commercially made UAS that in any way?	nt has not been	customized
If "Yes", indicate the make and model:	YES	NO
Make:Model:		
Serial Number:Power Sou	rce:	
Weight and Dimensions of UAS without payload:		
Weight and Dimensions of UAS with payload:		
Provider of liability insurance:		
Is the UAS or any other technology used in the propose	ed operation ex	xport-
controlled*?	YES	NO
* If the answer is YES (i.e. UAS or any other technology operation export-controlled), please attach an explanation.		oosed
If you have previously requested approval of UAS fligh	nt provide thef	ollowing:
Date of previous approval:		

4. Activity details

3.2 Please include any other information that may assist the College in its review:

Certification

I certify under penalty of perjury that the information provided in this Application for Authorization and the attached documents are true and correct. I further certify that all authorized UAS operations will be in strict compliance with all applicable federal, state and local rules and regulations, and all applicable College policies. I am aware of, and hereby take responsibility for, all pre-flight notification requirements and post-flight reporting requirements.

Signature of Applicant

Date

Kevin Martin Date

Director of Residence and Student Life

Request Approved: YES NO

Comments or requirements for operation are listed below and must be observed. All approved applicants MUST carry this approved application in their possession during the entirety of the UAS activity.

References and Resources

- FAA UAS Frequently Asked Questions https://www.faa.gov/uas/faqs/
- FAA Modernization and Reform Act (FMRA) 2012 https://www.congress.gov/112/crpt/hrpt381/CRPT-112hrpt381.pdf
- FAA Part 107 Regulations https://www.faa.gov/news/fact_sheets/news_story.cfm?newsid=20516
- FAA Part 107 Summary https://www.faa.gov/uas/media/Part_107_Summary.pdf
- FAA Part 333, 334 & 336 Summary https://www.faa.gov/uas/media/Sec_331_336_UAS.pdf
- FAA Notice on Public Assembly and Sporting Event Flight Restrictions https://www.faa.gov/uas/where_to_fly/airspace_restrictions/media/Sports_TFR-UAS_Handout.pdf
- FAA Airspace Classifications https://www.faasafety.gov/gslac/ALC/course_content.aspx?cID=42&sID=505&preview=t rue
- Information on Certificates of Waiver or Authorization (COA) https://www.faa.gov/uas/faqs/
- FAA Fact Sheet State and Local Regulation of UAS https://www.faa.gov/news/updates/?newsId=84369
- NTIA Voluntary Best Practices for UAS Privacy, Transparency, and Accountability https://www.ntia.doc.gov/files/ntia/publications/uas-privacy-best-practices-6-21-16.pdf
- FAA memo on educational use of UAS https://www.faa.gov/uas/resources/uas_regulations_policy/media/interpretation-educational-use-of-uas.pdf