



Small Unmanned Aircraft System (UAS)/Drone Application

Application Date: _____

Commercial Pilot Information

Company Name: _____

Pilot Name: _____

Address: _____

Mobile Contact Number: _____

Pilot's Certification Number: _____

Certificate Expiration: _____

Does your organization carry general liability insurance? _____

Does your organization carry aircraft liability insurance? _____

Aircraft Information

FAA Registration Number: _____

Aircraft Owner: _____

Aircraft Manufacture/Type: _____

Flight Information

Flight Location: _____

Date/Time/Duration: _____

Flight Altitude: _____

Flight Description _____

Signature of Applicant

Date

Dean of Students

Date

Director of Campus Safety

Date

For internal use only	
Approved	Not Approved
Comments: _____	
