

**UNMANNED AIRCRAFT SYSTEMS(UAS)
APPLICATION**

Requestor Information			
Name:			
Department (if applicable):		Phone:	
Email Address:			
Name of Supervisor (if applicable):		Phone:	
Operator/Pilot Information			
Name of Operator/Pilot:			
Company Name (If applicable):			
Company Address:			
Email Address:		Business Phone:	Mobile Phone:
Federal Aviation Administration Small UAS Certificate Registration (check one)			
<input type="checkbox"/> Remote Pilot Certificate	<input type="checkbox"/> Certificated Pilot Airman Certificate Number: _____ Limitations: _____	<input type="checkbox"/> FAA (or equivalent) Private Pilot ground instruction course passed Date passed: _____	
COA Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		Issued:	Expires:
Owner Information			
Name of Owner:			
Company Name (If applicable)			
Address:			
Email Address:		Business Phone:	Mobile Phone:
Does Owner hangar/store, service, repair or crew other aircraft? <input type="checkbox"/> Yes, describe: _____ <input type="checkbox"/> No		Owner is: <input type="checkbox"/> Sole owner of the aircraft <input type="checkbox"/> Subject to mortgage or conditional sales contract* <input type="checkbox"/> Other, explain _____ *If checked, additional information is required.	
Location where UAV stored/housed while non-operational or not in use:			
Has applicant, or officer or partner thereof, or pilot/operator been convicted in or indicated in a legal action involving drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		List all partners and owned, controlled, affiliated and subsidiary firms on a separate sheet. <input type="checkbox"/> List Attached <input type="checkbox"/> N/A	
Do you have any other aircraft (manned or unmanned) owned by, rented or used by or on behalf of Owner? <input type="checkbox"/> Yes Model: _____ <input type="checkbox"/> No Uses: _____ No of hours per year: _____			

Purpose of Use (Check all applicable uses)		
<input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> Aerial Testing/Demonstration <input type="checkbox"/> Atmospheric/Weather Research <input type="checkbox"/> Building Maintenance/Real Estate Sales <input type="checkbox"/> Cargo/Freight Carrying <input type="checkbox"/> Construction/Engineering/Industrial <input type="checkbox"/> Crop Management/Extension <input type="checkbox"/> Education/Training <input type="checkbox"/> Fire <input type="checkbox"/> Homeland Security/Military (Non-combat)	<input type="checkbox"/> Industrial <input type="checkbox"/> Mapping <input type="checkbox"/> Marketing/Communication <input type="checkbox"/> Photography/Video/Film Production <input type="checkbox"/> Pipeline/Power Line Patrol <input type="checkbox"/> Public Safety – Police/Fire/ Emergency Management <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Surveillance <input type="checkbox"/> Thermal Imagery/Ground Sensing <input type="checkbox"/> Wildlife Observation	
Other use (not listed above) explain:		
Objective		
Describe specific objectives of UAS use, including the type of data, photos or video to be collected.		
Describe how the UAS achieves these objectives:		
Identify the authority under which UAS operations will be conducted: <input type="checkbox"/> Section 336, FAA Modernization and Reform Act (FRMA) of 2012 <input type="checkbox"/> Certificate of Authorization (COA) <input type="checkbox"/> 333 Exemption <input type="checkbox"/> Special Airworthiness Certificate (SAC) <input type="checkbox"/> 14 CFR Part 107 <input type="checkbox"/> Authorization from requisite foreign civil aviation authority		
Location and Area of Use Information		
Proposed Date(s) of UAS use: Date: _____ Date: _____ Date: _____	Proposed Time(s) of UAS use: Time: _____ Time: _____ Time: _____	Proposed location(s) (attach map of flight area):
Proximity of proposed location(s) to inhabited areas such as campus structures, residential or business districts, etc.		
Property owner(s) of proposed locations(s):	Describe protocols for notifying adjacent property owner(s):	
List any airport(s) within five miles of the operational area:		

Operating Environment/Characteristics (Check all applicable uses)

- Urban (City centers, heavily, populated areas)
- Industrial (Near numerous non-residential buildings)
- Over water (rivers/ponds/small lakes)
- FR weather operations
- Suburban/Semi-Urban (numerous nearby buildings/moderate population)
- Rural (Limited, if any exposure to people and property)
- Night operations
- Over open water (large lakes/seas/oceans)
- Severe Weather
- Other, describe: _____

Does any pre-flight and/or in-flight communication with Air Traffic Control take place for a typical mission/flight?
 Yes No

How many visual observers are used for a typical mission/flight? (Do not include pilot/operator):

Aircraft Information (If more than one, use additional aircraft section)

Weight: (must not exceed 55 lbs.)	Make:	Model:
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Registration Number*:	Manufacturer Serial Number*:
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*If aircraft has no **registration number** or **manufacturer's serial number**, please describe how aircraft can be positively identified in the event of an incident, accident, or claim:

Date Purchased (mm/dd/yyyy):	<input type="checkbox"/> New <input type="checkbox"/> Used	Price Paid:
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Present **Estimated Value** with **all** attached equipment/and any modifications made since purchase:

Aircraft Type (check all that apply): <input type="checkbox"/> Balloon <input type="checkbox"/> Fixed-wing <input type="checkbox"/> Glider <input type="checkbox"/> Rotor-wing <input type="checkbox"/> Single-engine <input type="checkbox"/> Multi-engine	Does this aircraft burn combustible fuel? <input type="checkbox"/> Yes, type _____ <input type="checkbox"/> No	Normal Control: <input type="checkbox"/> Manually flown <input type="checkbox"/> Semi-autonomous <input type="checkbox"/> Fully autonomous
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Aircraft Operation Information

Type of launch: <input type="checkbox"/> Traditional takeoff <input type="checkbox"/> Hand <input type="checkbox"/> Rail <input type="checkbox"/> Other (please describe): _____	Type of recovery: <input type="checkbox"/> Traditional landing <input type="checkbox"/> Net/Line capture <input type="checkbox"/> Parachute <input type="checkbox"/> Other (please describe): _____
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Maximum Gross Take-off Weight (specify lb./Kg): (including installed/carried equipment & payload)	Wingspan/Rotor Diameter: (specify cm, in, feet, or meters)
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Maximum Range: (specify feet, yards, meters, miles, or kilometers)	Maximum Operating Altitude (must not exceed 400 feet above ground level):
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Maximum Endurance: (in hours)	Maximum Speed: (in nautical mile per hour)
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Does UAS have the ability to independently detect/avoid other aerial traffic? <input type="checkbox"/> Yes <input type="checkbox"/> No	In the event of a lost link between the ground control station and the aircraft, does the UAS contain an automated recovery program that allows for it to safely return to a predetermined point? <input type="checkbox"/> Yes, please describe: _____ <input type="checkbox"/> No
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Are there redundancies built in for the aircraft's propulsion system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there redundancies built in for the aircraft's flight control surface? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there redundancies built in for the aircraft's navigation/communication systems? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Manufacturer's Information

Is all maintenance performed on the aircraft and its individual components, completed in accordance to manufacturer's guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	Is a record of all maintenance available? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Approval's

I have read and understand Pacific's Unmanned Aircraft Systems Policy.

Signature: _____ Signature: _____

Attachments (if applicable):

- FAA 333 Exemption
- FAA Certificate of Waiver or Authorization from requisite foreign civil aviation authority
- Third-party Agreement
- Certificate of Insurance
- Map of Flight Area
- Remote Pilot Certificate
- Special Airworthiness Certificate (SAC)

Approving Signatures:

Risk Management: _____ **Date:** _____

Public Safety: _____ **Date:** _____

Risk Management - Internal Use Only

- Notify Public Safety
- Agreement on file
- Certification of Insurance (COI)
- Sponsored Programs - Routing Sheet
- Flight plan/map
- Approved by: _____

Additional Aircraft Information

Weight: (must not exceed 55 lbs.)	Make:	Model:
Registration Number*:		Manufacturer Serial Number*:
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Date Purchased (mm/dd/yyyy):	<input type="checkbox"/> New <input type="checkbox"/> Used	Price Paid:
Present Estimated Value with all attached equipment/and any modifications made since purchase:		
Aircraft Type (check all that apply): <input type="checkbox"/> Balloon <input type="checkbox"/> Fixed-wing <input type="checkbox"/> Glider <input type="checkbox"/> Rotor-wing <input type="checkbox"/> Single-engine <input type="checkbox"/> Multi-engine	Does this aircraft burn combustible fuel? <input type="checkbox"/> Yes, type _____ <input type="checkbox"/> No	Normal Control: <input type="checkbox"/> Manually flown <input type="checkbox"/> Semi-autonomous <input type="checkbox"/> Fully autonomous

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