

Appalachian State University Unmanned Aircraft System (UAS) Approval Form

BRIEF PROPOSED USE/PURPC	DSE OF FLIGHT:					
PILOT	NAME:		PHONE:		EMAIL:	
UNIVERSITY DEPARTMENT AFFILIATION	NAME:		PHONE:		EMAIL:_	
UAS OWNER (if different from above)	NAME:		PHONE:		EMAIL:_	
USE/ACTIVITY TYPE:	EDUC/	ATION	RESEARCH	THIRD PARTY_		PUBLIC SAFETY
FLIGHT TIMES:	DATE	START TIME	END TIME			

<u>ACTIVITY OVERVIEW</u>: In detail (who, how, when, where, why)

OPERATOR INFORMATION/	FAA REMOTE PILOT CERTIFICATION NUMBER:
UAS SPECIFICATIONS:	NC OPERATORS PERMIT NUMBER:
	FAA UAS REGISTRATION NUMBER:
	UAS MAKE/MODEL:
	MAXIMUM ALTITUDE:
	MAINTAINED ALTITUDE:
	MAXIMUM VELOCITY (MPH) (not to exceed):
	UAS SIZE (in)/WEIGHT (lbs):
	IMAGING (still/video) EQUIPMENT:



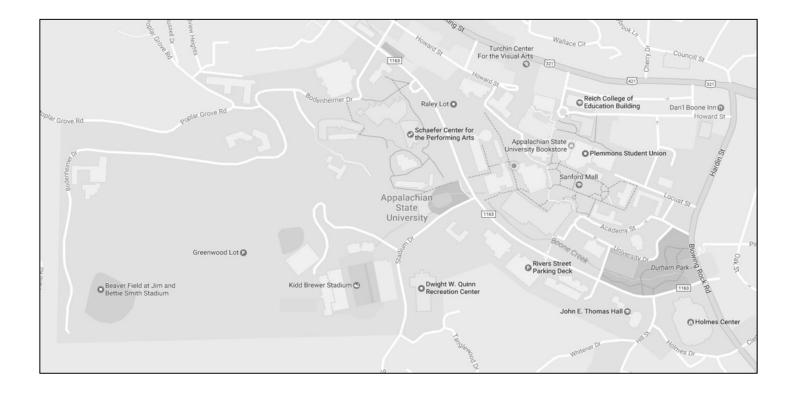
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For individuals seeking permission to fly from or over university property, please mark your proposed flight plan on the following map. If your flight will take place over an Appalachian property other than main campus, please submit an additional map of that area.

L: Launch Site

R: Retrieval/landing site

Draw a box around the proposed flying area.



For individuals or vendors seeking approval to operate UAS off campus as part of university courses, research activities, or university-related duties, please submit a map of the proposed flight area labeled with the same information as above (launch site, retrieval site, and flying area).



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Please initial next to the following items:

_____ I understand all FAA and NCDOT UAS regulations and will adhere to these regulations during my flight.

I am certified to pilot a UAS for commercial and/or government use by the FAA and NCDOT and have all necessary permits as required for my flight. (Please attach a copy of your FAA and NCDOT licenses to this application.)

_ I will adhere to the flight plan as permitted by Appalachian's UAS Approval Committee.

_____ I have reviewed Appalachian's Policy on Unmanned Aircraft Systems and agree to adhere to it.

PRINT NAME

SIGNATURE

DATE

Please submit this approval form, along with all supplemental documents, to <u>uas@appstate.edu</u>.

APPROVAL:

DIRECTOR OF UNIVERSITY COMMUNICATIONS