



Appalachian State University Unmanned Aircraft System (UAS) Approval Form

BRIEF PROPOSED USE/PURPOSE OF FLIGHT: _____

PILOT NAME: _____ PHONE: _____ EMAIL: _____

UNIVERSITY DEPARTMENT AFFILIATION NAME: _____ PHONE: _____ EMAIL: _____

UAS OWNER (if different from above) NAME: _____ PHONE: _____ EMAIL: _____

USE/ACTIVITY TYPE: EDUCATION _____ RESEARCH _____ THIRD PARTY _____ PUBLIC SAFETY _____

<u>FLIGHT TIMES:</u>	DATE	START TIME	END TIME
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

ACTIVITY OVERVIEW: 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 uas@appstate.edu.

APPROVAL:

DIRECTOR OF UNIVERSITY COMMUNICATIONS

DATE