

**APPLICATION FOR AUTHORIZATION TO USE
UNMANNED AIRCRAFT SYSTEMS (UAS)**

This application must be completed and submitted to uas-apps@udel.edu by any person who intends to operate a UAS on University property. The application must be completed and submitted prior to any UAS operations on any university property, at any university sponsored event, or as part of their university 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 University within 10 working days of request receipt. Prior to submission of this form, the requestor must review the UAS policy found here: <http://www.udel.edu/safety/policies/uas.html>

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

Date of Application: _____

SECTION 1: REQUESTOR INFORMATION

1. Applicant

1.1. Full Name of Applicant: _____

1.2. Title and Affiliation: _____
(list current university faculty, staff, student, vendor, etc.)

1.3. Address: _____

1.4. Phone Number(s): _____
(include cell phone #)

1.5. Email: _____

2. Is the Applicant the UAS Owner YES NO

If the answer is NO, please provide the following information:

2.1. Full Name of UAS owner: _____

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 University? YES NO

3. Under which operational protocol (FAA category) will the UAS be flown?
(Choose one)

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| 3.1. 14 CFR Part 107 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.2. Section 333 of FMRA | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.3. Section 334 of FMRA | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.4. Section 336 of FMRA ¹ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3.5. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.), including identity of the UAS operator(s) and/or flight team. Depending upon your intended use and activities associated with the use of the UAS, there may be other university approvals required before you can operate the UAS on university property or at university events. Please include whether the UAS activity will involve videography, photography or recording devices of any type.

1. Purpose of planned flight:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Research | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Promotional | <input type="checkbox"/> Other University Business |

¹ You can operate under Section 336 of FMRA only if you are a student operating the UAS as part of a course or university sanctioned educational program

2. Persons involved in the operation of the UAS

2.1. Name of the Pilot (or Remote Pilot) in Command: _____
(“PIC”)

Title and Affiliation: _____
(list current university faculty, staff, student, vendor, etc.)

Address: _____

Phone Number(s): _____
(include cell phone #)

Email: _____

2.2. Name of the Visual Observer (“VO”): _____

Title and Affiliation: _____
(list current university 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.

4. Activity details

Expected date(s) of operation: _____

Expected start time: _____

Expected end time: _____

SECTION 3: UAS DESCRIPTION, SPECIFICATIONS, AND LIABILITY INSURANCE

3.1 Are you planning to use a commercially made UAS that has not been customized in any way?

If “Yes”, indicate the make and model: YES NO

Make: _____ Model: _____

Serial Number: _____ Power Source: _____

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 proposed operation export-controlled*?

YES NO

* If the answer is **YES** (i.e. UAS or any other technology used in the proposed operation export-controlled), please attach an explanation.

If you have previously requested approval of UAS flight provide the following:

Date of previous approval: _____

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

A large, empty rectangular box with a black border, intended for the user to provide additional information that may assist the University 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 University policies. I am aware of, and hereby take responsibility for, all pre-flight notification requirements and post-flight reporting requirements.

Signature of Applicant Date

Mark W. Seifert Date
Associate Vice President, Emergency Management & Safety

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.**

Required attachments:

1. Proof of UAS registration with FAA.
2. Copy of the insurance policy and Certificate of insurance naming the University of Delaware as an additional insured with a minimum of \$5 million in general liability insurance written on an occurrence basis.
3. At least four (4) photographs of the UAS from different angles.
4. Brief description of the payload.
5. PIC certification and/ or license ²
6. Brief description of the PIC's experience on the UAS to be used.
7. Brief description of the PIC's experience in similar operational scenarios.
8. Brief description of the PIC's experience in any other UAS operations.
9. Brief description of the VO's experience on the UAS to be used.
10. Brief description of the VO's experience in similar operational scenarios.
11. Brief description of how the VO will communicate with the PIC.
12. List of all other persons who will be involved in the proposed operation, and a description of their roles, duties and qualifications for the proposed roles.
13. Detailed flight plan.
14. Written permission from the property owner if the flight path include property not owned, rented or leased by the University of Delaware. An applicant may request a waiver for this requirement. If you are requesting such a waiver, please include a detailed statement describing why you cannot obtain written permission from the property owner, potential risks to the property owner due to the flight, and how you are mitigating and/or insuring against such risks.
15. Aerial view showing the area where the flight will take place and the location of PIC and VO. Highlight any physical features (e.g., fences, buildings)
16. Coordination plan with local air traffic.
17. If the answer to item 3.1 is "Yes" (i.e. you are operating under Part 107), and if you have obtained a waiver of any Part 107 requirement, please attach a copy.
18. If the answer to item 3.2 is "Yes" (i.e. you are operating under Section 333), attach a copy of the Section 333 exemption.
19. If the answer to item 3.3 is "Yes" (i.e. you are operating under Section 334 with a Certificate of Waiver or Authorization (COA)), attach a copy of the COA.
20. If the answer to item 3.4 is "Yes" (i.e. you are operating under Section 336), attach brief description providing the course number, title, faculty member or the name of the recognized student organization and event details.
21. If the answer to item 3.5 is "Yes" (i.e. you are operating under other protocols that are not listed), attach a detailed description.
22. If the answer to item in Section 3, 3.1 is "No", please attach an explanation describing details of construction and / or customization.

² You do not need to attach items 5, 6, 7, 8, 9, 10 and 11 if the answer to item 3.4 in Section 1 is "Yes," and you are student operating the UAS as part of a course or university sanctioned educational program.

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=true
- 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