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_____

FLIGHT TIMES:
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