



Request to Operate UAS

Complete the form and send to the SUNY Oneonta Police Chief at universitypolice@oneonta.edu

Name of Person Submitting Request: _____

Affiliation with the University: _____

Date Submitted: _____

Name of Remote Pilot in Command: _____

Purpose of Flight: _____

Time and Place of Flight: Date: _____

Time: _____ AM / PM

Place: _____

Proposed Flight Path: _____

Class of Airspace: _____

(If flight will be in controlled airspace (Class B, C, D or within the lateral boundaries of the surface area of Class E airspace) supply a copy of the required ATC authorization)

Is a COA required: _____ No _____ Yes (If yes, attach a copy)

Aircraft make/model: _____

FAA registration certificate number: _____

Part 107 Pilot: _____ No _____ Yes (If yes, attach a copy)

Trust Certificate: _____ No _____ Yes (If yes, attach a copy)

Provider of Liability Insurance / Liability Limit _____ / _____

Flight profile/operational limits and safety concerns and mitigations:

Applicant's Signature

Applicant's Printed Name

Parent/Guardian Signature (if applicable)

Parent/Guardian Printed Name

If applicant differs from Remote Pilot in Command:

Remote Pilot in Command's Signature
Name

Remote Pilot in Command's Printed

Emergency Contact Information: Address: _____

City/Town, State _____

Phone Number(s): _____

Provide cell numbers for the Remote Pilot in Command and each designated observer which can be used to reach the RPIC and each designated observer prior to and during the flight(s).

CERTIFICATION

I certify under the penalty of perjury that the information provided in this request to operate UAS and any attachments 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.

Remote Pilot in Command Signature _____

SUNY ONEONTA OFFICIAL USE ONLY

Determination Regarding Request to Operate

The request to operate is:

- Approved
- Rejected
- Approved with the following conditions: _____

Returned for the following additional information:

Date: _____

Signature: _____

Police Chief / Designee