



Ursinus College

Unmanned Aircraft System (UAS) Flight Application for Institutional Use (AKA Drone)

The completed UAS Flight Application must be approved by the UAS # prior to any flight.

PILOT INFORMATION

Applicant Name: _____ Phone Number: _____
Department: _____ Email Address: _____

DRONE SPECIFICATIONS

Is the UAS and the Operator properly registered with the FAA? Yes No (Attach FAA Registration)

UAS Make: _____ Model: _____
UAS Weight: _____ FAA Registration Number: _____
Wingspan: _____ Operational Range: _____

FLIGHT SPECIFIC INFORMATION

Purpose of Flight: _____

Flight Dates: _____

Type of Use: Recreational/Hobbyist Commercial (Attach Certificate of Insurance)

Location(s) where the UAS will be used: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Practice Field South (Facilities) | <input type="checkbox"/> Practice Field North (Track & Field Event) | <input type="checkbox"/> Wilkes (Soccer Field) |
| <input type="checkbox"/> Patterson Field | <input type="checkbox"/> Thomas Baseball Field | <input type="checkbox"/> E.F. Snell Field |
| <input type="checkbox"/> Snell Softball Field | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> |

Per the college UAS policy, no video or other data collected during flight may be published or disseminated publicly without prior written consent of the college.

I acknowledge, am aware of and agree to comply fully with applicable laws and regulations pertaining to UAS flights. I acknowledge and agree to comply fully with the policies and procedures set forth in the college UAS policy which can be found on the College's website.

Applicant Signature: _____ Date: _____

Forward this form along with the FAA registration and certificate of insurance, if applicable, to:

Ursinus College, Office of Risk Management, Ritter 112, 601 E. Main Street, Collegeville, PA 19426

For College Use Only

Approved: _____ Date: _____

Not Approved: _____ Date: _____