



Appendix A

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

The completed UAS Flight Application must be approved by the Vice President for Finance and Administration or Vice President and General Counsel 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/Educational 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 | Other: _____ | |

Do you plan to fly near or over people? Yes No If yes, will the operation meet the following requirements of Category 1:

Weight of drone ≤ 0.55 lbs? Yes No

Drone is void of exposed rotating parts? Yes No

Operation is compliant with Remote ID for sustained flight over an open-air assembly? Yes No

For Categories 2-4, consult with the Vice President and General Counsel or the Office of EHS & Risk Management.

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.

By checking this box, I affirm and certify that all information and answers

Applicant Signature: _____ to questions herein are complete, true, and correct.. 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: _____

Not Approved: _____