

Application for Unmanned Aircraft Systems (UAS) Commercial Drone Companies and Civil Users

Permit #		

Commercial Companies and Civil UAS operators must have a fully-executed Operating Agreement with the University of Nebraska-Lincoln prior to any and all UAS services conducted on or above property owned or controlled by the University.

Required Data Elements	
UNL Project Leader	
Name	
Email	
Campus Phone Number	
Emergency Contact Number (Cell)	
UNL Department	
Department Name	
Campus Address	
City/State/Zip	
Phone Number Email	
Commercial Company or Civil UAS User	
Nama	
Street Address	
City/State/Zip	
Phone Number	
Email	
Project Summary	
A. Justification or Purpose	
1 Purpose of Use (Check all applicable uses)	
Advertising/Marketing	Public Safety - Police, Fire, Emergency Management
Aerial Testing/Demonstration	Homeland Security/Military (Non-combat)
Atmospheric/Weather Research	Mapping
Building Maintenance/Real Estate Sales	Photography/Video/Film Prod./Marketing/Communication
Cargo/Freight Carrying	Pipeline/Powerline Patrol
Construction/Engineering/Industrial	Surveillance
Crop Management/Extension	Thermal Imagery/Ground Sensing
Education/Training	Wildlife Observation
Other uses not indicated above (explain)	
outer uses not indicated above (explain)	
2 Dec 'Learn' C' and 'an' an CHAC are 'and d'	ada a sa Charachara a Marachara II ar I
2 Describe specific objectives of UAS use, including	g the type of data, photos or video to be collected
3 Describe how the UAS achieves these objectives	
4 Identify the authority under which UAS operations	s will be conducted (COA, 333 Exemption, SAC, Authorization
from requisite foreign civil aviation authority, or P	Part 107)
B. Proposed Aircraft Type and Weight	
1 Aircraft platform (aircraft type [fixed wing, etc.]	
2 Make and Model	
3 Registration Number (if applicable)	

4 Manufacturer Serial Number If aircraft has no registrati	ion number or manufacturer's serial number, please des	scribe how ai	rcraft can
be positively identified in	the event of an incident, accident, or claim		
5 Data Durahagad			
5 Date Purchased			
7 D ' D ' 1			
	11 1 11.0	1	
	ll attached equipment/and any modifications made since	e purchase	
9 Aircraft Type (check all that approximately Fixed-wing	ply) Glider		
· ·			
Rotor-wing	Single-engine Multi-proine		
Balloon	Multi-engine		
10 Does this aircraft burn combust			
Yes, type	No		
11 Normal Control			T. II
Manually flown	Semi-autonomous		Fully autonomous
12 Type of launch			
Traditional takeoff	Hand		Rai
Other (please describe)			
13 Type of recovery			
Traditional landing	Net/Line capture		Parachute
Other (please describe)			
14.1 Weight of UAS (Specify lb)			
14.2 Maximum Gross Take-off Weig	ght (including installed/carried equipment & payload [S	pecify lb/Kg])
15 Wingspan/Rotor Diameter (Spe	ecify cm, in, feet, or meters)		
16 Maximum Endurance (in hours)			
17 Maximum Operating Altitude (i	in feet)		
18 Maximum Range (Specify feet,	yards, meters, miles, or kilometers)		
19 Maximum Speed (in nautical m	ile per hour)		
20 Does UAS have the ability to in	ndependently detect/avoid other aerial traffic?	Yes	No
21 In the event of a lost link betwe	en the ground control station and the aircraft, does the	UAS contain	an
automated recovery program that Yes	at allows for it to safely return to a predetermined point No	?	
22 Are there redundancies built in	for the aircraft's propulsion system?	Yes	No
	for the aircraft's flight control surfaces?	Yes	No
	for the aircraft's navigation/communication systems?		
25 Aircraft Manufacturer's website	2		
26 Website (e.g., YouTube) where	video of UAS can be viewed		
27 Associated payload (example: n			
28 Describe manufacturer's aircraft	ft and payload specifications		
29 Describe your preventive maint	enance plan, general repair practices, and sourcing for a	replacement _l	parts
30 Identify the owner of the aircraf	ft		

C. UAS Operator Information

UAS Operator information is required for EACH Operator. (Duplicate this section as necessary for multiple operators.) Attach a copy of your pilot/remote pilot certification as required by the FAA (Exhibit D). Complete the reaminder of Section C ONLY IF the UAS being operated is owned by the University of Nebraska.

1 UAS	Operator Name		
2 UAS	Operator Emergency Contact Phone N	Number at Time of Flight	
3 India	cate the qualifications of each operator.		
a	Is the operator a certificated pilot?	Yes	No
b	If a certificated pilot:		
	Airman Certificate Number		
	Limitations		
c	CURRENT PILOT CERTIFICATES Student: Since (date)	AND RATINGS	
	Private	Commercial	
	Airline (ATP)	Rotocraft	
	Instrument		
	Single Engine – Land	Single Engine – Sea	Center Line Thrust
	Multi-Engine-Land	Multi-Engine – Sea	
	Instructor	Type Rated in (type of aircraft)	
	Glider	Light Sport Aircraft	A&P Mechanic
	Other		
d	If not a certificated pilot, does the ope	erator hold a Part 107 Remote Pilot Certificat	e?
	Yes (date passed)	No	
4 If n o	t a certificated pilot or remote pilot:		
a	Have you successfully completed an I	FAA (or equivalent) Private Pilot ground insta	ruction course?
	Yes	No	
b	If you answered "yes" to the question	above, have you passed the FAA (or equival-	ent) Private Pilot
	written examination?		
	Yes (date passed)	No	
5 Date	manufacturer's training for specific UA	AS to be insured was completed	
6 ADI	DITIONAL TRAINING APPLICABLE	TO UNMANNED AIRCRAFT	
Nam	ne and Location of school/training/other	provider	
	UAS Model(s)		
	Date Completed		
	Check all the apply:	Initial Manufacturers Training	
		Recurrency Training	
		Crew Resource Management (CRM)	
		Simulator Proficiency/Recurrent	

			d / Primary Operator Experience with Unmanned Aircraft Number of Missions Flown/Landed/Recoveries			
UAS Group	Make(s) & Model(s)	Total	Last 90 Days	Last 30 Days	Last 12 Months	
Insured Make and Model			/ /	/ /	/ /	
GROUP 1 (MGTOW 0-20 lbs.)			/ /	/ /	/ /	
GROUP 2 (MGTOW 21-55 lbs.)			/ /	/ /	/ /	
0	ever had an aircraft cl ever been cited or find?			Yes No		
	pilot certificate ever b	een suspended	or revoked?	Yes No	o N/A	
D. Proposed Date(s) and E. Location and Area of	Time(s) of UAS use			Yes No	o N/A	
D. Proposed Date(s) and E. Location and Area of 1 Proposed location	Time(s) of UAS use Use Information	flight area(s). (Yes No	o N/A	
D. Proposed Date(s) and E. Location and Area of 1 Proposed location 2 Property owner(Time(s) of UAS use Use Information on(s). Attach map of	flight area(s). (i	Exhibit A)			

UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY

- G. I have attached my UNL Site Specific FAA 333 Exemption, FAA Certificates of Waiver or Authorization (COA), Special Air Worthiness Certificate (SAC), or Authorization from requisite foreign civil aviation authority, if applicable. (Exhibit B)
- H. I have attached Insurance Certificates which reflect: (Exhibit C)

Occurrence based UAS Liability Insurance of \$1 million per occurrence

General Liability insurance of \$1 million per occurrence and \$3 million aggregate

Liability policies shall name the Board of Regents as "additional insured" and include coverage for personal injury.

Statutory Workers' Compensation insurance with employer's liability coverage of \$1 million and an alternate employer endorsement, where applicable.

Waiver of subrogation language is included in the policies

Policies are primary and non-contributory

Insured will provide 30-days notice of cancellation

Signature Approval for Unmanned Aircraft Systems (UAS) Commercial Drone Companies and Civil Users

I have read and am in compliance with the University of Nebraska Executive Memorandum. I understand that any violation of university policies or student code of conduct by an individual will be administered in accordance with applicable university policies and procedures. Additionally, individuals who violate this policy may be subject to civil or criminal penalties and the seizure of UAS by campus police or security. Fines, damages, and claims against individuals who violate this policy may be the responsibility of that individual.

oval Signatures (digital are accepted	ed)
Company (certifying all necessary approvals have bee	en obtained)
Project Leader (certifying all necessary approvals have bee	en obtained)
UNL Department Chair	
UNL Dean/Director	
UNL Office of Research & Economic Development	
UNL Police Department	
UNL Risk Management	
UNL Vice Chancellor, Business and Fi	inones.

Exhibit A - Map of Flight Area (Application Section E.1)

Exhibit B - UNL Site Specific FAA 333 Exemption, FAA Certificates of Waiver or Authorization (COA), Special Air Worthiness Certificate (SAC), or Authorization from requisite foreign civil aviation authority, if applicable. (Application Section G)

Exhibit C - Insurance Certificates must be attached. (Application Section H)

Exhibit D - Pilot/Remote Pilot Certification as required by the FAA (Application Section C)