



Application for Unmanned Aircraft Systems (UAS) UNL User

Permit # _____

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 _____

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) | |

2 Describe specific objectives of UAS use, including 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 will be conducted (COA, 333 Exemption, SAC, Authorization from requisite foreign civil aviation authority, or 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 registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim

C. UAS Operator Information

UAS Operator information is required for EACH Operator. (Duplicate this section as necessary for multiple operators.)

1 UAS Operator Name _____

2 UAS Operator Emergency Contact Phone Number at Time of Flight _____

3 Indicate 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 AND RATINGS

Student: Since (date) _____

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 operator hold a Part 107 Remote Pilot Certificate?

Yes (date passed) _____

No

4 If **not** a certificated pilot or remote pilot:

a Have you successfully completed an FAA (or equivalent) Private Pilot ground instruction course?

Yes

No

b If you answered “**yes**” to the question above, have you passed the FAA (or equivalent) Private Pilot written examination?

Yes (date passed) _____

No

5 Date manufacturer’s training for specific UAS to be insured was completed _____

6 ADDITIONAL TRAINING APPLICABLE TO UNMANNED AIRCRAFT

Name 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

UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY

Itemized Pilot-In-Command / Primary Operator Experience with Unmanned Aircraft

UAS Group	Make(s) & Model(s)	Number of Missions Flown/Landed/Recoveries			
		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.)			/ /	/ /	/ /

- | | | | | |
|----|--|-----|----|-----|
| 8 | Have you ever had an aircraft claim, incident or accident? | Yes | No | |
| 9 | Have you ever been cited or fined for violation of an aviation regulation? | Yes | No | |
| 10 | Has your pilot certificate ever been suspended or revoked? | Yes | No | N/A |

D. Proposed Date(s) and Time(s) of UAS use

E. Location and Area of Use Information

1 Proposed location(s). Attach map of flight area(s). (Exhibit A)

2 Property owner(s) of proposed locations(s)

3 Proximity of proposed location(s) to inhabited areas such as campus structures, residential or business districts, etc.

4 Describe protocols for notifying adjacent property owners

F. Funding Source(s) for the Purchase and Use of UAS

G. I have attached my 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)

Signature Approval for Unmanned Aircraft Systems (UAS) UNL User

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.

Approval Signatures (digital are accepted)

Project Leader
(certifying all necessary approvals have been obtained)

UNL Department Chair

UNL Dean/Director

UNL Office of Research &
Economic Development

UNL Police Department

UNL Risk Management

UNL Vice Chancellor,
Business and Finance

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

***Exhibit B - 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)***