

## Unmanned Aircraft Systems (UAS) Request Form

This UAS Request Form must be completed and submitted to [uas@ecu.edu](mailto:uas@ecu.edu) for review by the UAS Advisory Committee (UASAC) prior to any UAS operations on university property or at any university sponsored event. University faculty, staff, students, or others conducting operations on behalf of the university must submit this document not less than two (2) weeks in advance of flight operations. Individuals who are not affiliated with the university or who are not conducting university sponsored operations must submit this form not less than three (3) weeks in advance of flight operations. The Requestor will receive a UASAC response within 10 working days of request receipt.

### SECTION 1: REQUESTOR INFORMATION

Applicant Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Affiliation:            University            Non-University

Department/Sponsor or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.), including identity of UAS operator(s) and/or flight team:

Location of Request: \_\_\_\_\_

Date(s) of UAS Activity: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

### SECTION 3: UAS DESCRIPTION

Type/Model of UAS: \_\_\_\_\_

Weight/Dimensions: \_\_\_\_\_ Power Source/Serial #: \_\_\_\_\_

Photographs taken during flight	Yes	No	Video recorded during flight	Yes	No
Equipped with Geo-fencing	Yes	No	Operating under a COA	Yes	No
Previous Request Approved	Yes	No	Date of Previous Approval:	_____	

I have attached a Certificate of Waiver or Authorization (COA), and/or other relevant documentation for this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, the individual/entity submitting this request agrees to and will abide by all university policies governing the use of Unmanned Aircraft Systems on or over university property or sponsored event. A copy of the approved UAS Request Form must be in

possession of the operator at all times during the activity, and must be presented to any university official or representative with control or jurisdiction over the activity, upon request. The university reserves the right to request additional documentation as a condition of approval and operation. In addition, any operator violating any portion of the University Unmanned Aircraft Systems (UAS) Policy, will be held accountable for their actions.

**SECTION 4: UAS ADVISORY COMMITTEE RESPONSE**

Recommend Approval                      Yes              No

Signature \_\_\_\_\_ Date \_\_\_\_\_

UAS Advisory Committee comments or requirements for operation are listed and must be observed below. If not approved, a summary of the decision is outlined.

**SECTION 5: Vice Chancellor for Administration & Finance Approval**

Request Approved                      Yes              No

Signature \_\_\_\_\_ Date \_\_\_\_\_