Permit # _____

Required Data Elements

- Project Leader
  - Name
  - Email
  - Campus Phone Number
  - Emergency Contact Number (Cell)
- Department Details
  - Department Name
  - Campus Address
  - City/State/Zip
  - Phone Number
  - Email
- Commercial Company or Civil UAS User
  - Name
  - 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

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

_____

5 Date Purchased _____

6 New or Used _____

7 Price Paid _____

8 Present Estimated Value with all attached equipment/and any modifications made since purchase _____

9 Aircraft Type (check all that apply)

Fixed-wing	Glider
Rotor-wing	Single-engine
Balloon	Multi-engine

10 Does this aircraft burn combustible fuel?

Yes, type No

11 Normal Control

Manually flown Semi-autonomous Fully autonomous

12 Type of launch

Traditional takeoff Hand Rail

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 Weight (including installed/carried equipment & payload [Specify lb/Kg]) _____

15 Wingspan/Rotor Diameter (Specify cm, in, feet, or meters) _____

16 Maximum Endurance (in hours) _____

17 Maximum Operating Altitude (in feet) _____

18 Maximum Range (Specify feet, yards, meters, miles, or kilometers) _____

19 Maximum Speed (in nautical mile per hour) _____

20 Does UAS have the ability to independently detect/avoid other aerial traffic? Yes No

21 In the event of a lost link between the ground control station and the aircraft, does the UAS contain an automated recovery program that allows for it to safely return to a predetermined point?

Yes No

22 Are there redundancies built in for the aircraft's propulsion system? Yes No

23 Are there redundancies built in for the aircraft's flight control surfaces? Yes No

24 Are there redundancies built in for the aircraft's navigation/communication systems?

Yes No

25 Aircraft Manufacturer's website _____

26 Website (e.g., YouTube) where video of UAS can be viewed _____

27 Associated payload (example: number and types of cameras, etc.)

_____

28 Describe manufacturer's aircraft and payload specifications

_____

29 Describe your preventive maintenance plan, general repair practices, and sourcing for replacement parts

_____

30 Identify the owner of the aircraft _____

C. UAS Operator Information

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)	

		Last 90 Days	Last 12 Months
8	Have you ever had an aircraft claim, incident or accident?	Yes No	
9		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

4 Describe protocols for notifying adjacent property owners

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

G. I have attached my 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)

I have read and am in compliance with the University of Nebraska Executive Memorandumieo 3 13ska Exec scuan679.33y

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Preliminary Approval		Final Approval	
Company Print Title	Date	Company (certifying all necessary approvals have been obtained)	Date
Project Leader Print Title	Date	Project Leader (certifying all necessary approvals have been obtained)	Date
Department Chai Print Title	Date	Department Chai	Date
Dean/Directo Print Title	Date	Dean/Directo * *	Date
 Print Title	Date	 * *	Date
Police Department or Security Print Title	Date	Police Department or Security * *	Date
Risk Managemen Print Title	Date	Risk Managemen * *	Date
Vice Chancellor, Business and Finance	Date	Vice Chancellor, Business and Finance	Date

* Print and Title Only if Different from Preliminary

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

Exhibit B - 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)