UNMANNED AIRCRAFT SYSTEMS (UAS) USE APPLICATION

This application must be submitted to the Office of the Provost at least five (5) business days prior to the proposed date of operation. Operators must receive explicit permission prior to beginning all operations from the UAS Operations Manager and the Office of Compliance and Enterprise Risk Management, and must possess a copy of the approved application at all times during flight activity.

The University retains the authority to interrupt and suspend any activity deemed to adversely affect the University Community.

1. Name of Operator/ Pilot In Command ("PIC"): __________________________________________________________

Pilot Certificate Number (if applicable): _______________________

Operator’s relationship to Middle Tennessee State University:

___ Student
___ Conference/ Camp Attendee           ___ Event Co-Sponsor with MTSU
___ Other ________________________________
___ Faculty/ Staff

2. Department/ Company: __________________________________________________________

3. Email Address: ________________________________________________________________

4. Contact Phone Number (during UAS flight operations): ______________________________

5. Purpose of Operation (please explain):
   ___________________________________________________________________________
   ___________________________________________________________________________

6. Date of Operation: ___________________ Time(s) of Operation: ______________________

   Academic Year/ Semester ____________________________

7. Make/ Model of UAS: __________________________________________________________

8. Registration #: ______________________________________________________________

Please remit the following with this application:

- Detailed description of flight plan, including operational area of proposed flight
- FAA Certificate of Waiver/ Exemptions
- Data collection plans and intended use of data collected

Operator’s Signature: ______________________________ Date: ______________________

*By my signature above, I hereby certify that the information provided herein is true and correct to the best of my knowledge. I further certify that I have read and understand MTSU Policy 785 and the UAS Procedures for University Use of Unmanned Aircraft Systems.

Originated 7/2018; Revised 12/2018.
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This Section is for MTSU Internal Use Only

Application Determination:

_____ Approved   _____ Conditionally Approved   _____ Denied

If Denied, Reason for Denial: _____________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

______________________________________  __________________
Approver Signature                     Date

______________________________________
Approver Printed Name and Title