

University of Missouri

S&T Unmanned Aircraft Systems (UAS) Request Form/Process

This UAS Request Form must be completed and submitted to ehs@mst.edu for review and permit approval prior to any UAS operations on university property, at any university sponsored event or university sponsored use. All applicants must submit this form not less than two (2) weeks in advance of flight operations. Requestors must comply with any other applicable University policies.

Prior to submission of this form, the Requestor must review the [Unmanned Aerial Vehicles policy \(BPM 604\)](#). **Any omission of information requested may result in a delay of processing.**

SECTION 1: REQUESTOR INFORMATION

Applicant Full Name: First _____ M.I. _____ Last _____

Affiliation: University (Current University Faculty, Staff, Graduate Associate or Student)

Non-University S&T Department or Sponsor/Organization: _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY AND TEAM INFORMATION

In the space provided below, please give full details of flight purpose (education, research, promotional, etc.), including identity and contact information of University personnel associated with flight purpose. Depending on your intended use and activities associated with the use of your UAS, there may be other university approvals required before you can operate your UAS on university property or at university events.

Pilot-in-Command (PIC):

Flight Team Members & Roles:

Method of communication between PIC and Flight Team:

PIC experience with airframe: # of flights # of hours

PIC experience with type of aircraft # of flights # of hours

PIC total aviation experience # of flights # of hours

PIC Insurance Carrier: PIC Insurance amount:

Please list all certificates, license, and/or endorsements issued by FAA to PIC:

PIC ever been investigated or fined by FAA, if yes, please provide details:

Range of flight zone: _____

Flight Location: _____ Maximum altitude above ground level: _____

Maximum distance flown from PIC: _____ Will there be visual observers? _____

Will airframe fly over people, roads, or waterways? _____ Will airframe fly within 2000 feet of the hospital? _____

Will airframe fly within 2 nautical miles of a manned aviation airport? _____ What is the airspace class? _____

Date(s) of UAS Activity: _____ Starting Time: _____ Ending Time: _____

FAA Waiver required: _____ (attach)

SECTION 3: EQUIPMENT DESCRIPTION

Type/Model/Manufacturer of UAS: _____

Weight/Dimensions: _____ Power Source/Serial #: _____

Please attach or list a management procedure for power source used

Are maintenance logs kept? Yes No How many hours are on the airframe? _____

Has airframe ever been involved in unexpected flight termination? Yes No

If yes, describe: each incident, incident cause, aircraft damage and repair: _____

List other equipment to be used during flight: _____

Previous Request Approved Yes No If Yes, Date of Previous Approval: _____

UAS Registered with FAA: Yes No If Yes, Registration Number: _____

Photographs taken during flight Yes No Video recorded during flight Yes No

Equipped with Geo-fencing Yes No Operating under a COA/333 (attach) Yes No

Foreign National Yes No City/County Ordinance documentation Yes No

I have attached the applicable documentation and other relevant documentation for this request. (Evidence of Remote Pilot Airman Certificate, insurance, FAA registration, aircraft log book, etc.) If this is to film on University property, you must also follow the Campus Filming policy/procedure.

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 or suspend any flight. 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 APPROVAL RESPONSE

Request Determination: Yes, as submitted Yes, with conditions Denied

Approved time period: (date/time):

Conditions:

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

**Temporary UAS
Draft Process**