

University of Missouri–Kansas City

Unmanned Aircraft Systems (UAS) Request Form

This UAS Request Form must be completed and submitted to [Dr. Travis Fields](#) 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 **three (3) weeks in advance of flight operations**. Requestors must comply with any other applicable University policies, including but not limited to the [Campus Filming & Photography Procedures](#).

Prior to submission of this form, the Requestor must review the [Unmanned Aerial Vehicles](#) policy. **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

UMKC Department or Sponsor/Organization: _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose and flight zone (education, research, advertising or marketing purposes as well as, etc.), including identity and contact information of UAS operator(s) and/or flight team. 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.

Range of flight zone: _____

Type of flight: _____ Number of hours experience with proposed equipment: _____

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

FAA Waiver required: _____ (attach)

SECTION 3: UAS DESCRIPTION

Type/Model of UAS: _____

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

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

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

Pilot Licensed by FAA Yes No If Yes, License 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

Insurance: I agree to carry and provide evidence of Commercial General Liability (that does not exclude the use of UAS) or Aviation Liability at a limit of not less than \$1,000,000 per occurrence provide by a carrier with A.M. Best rating of at least A-, VIII and The Curators of the University of Missouri are to be endorsed as additional insured.

I have attached the applicable documentation and other relevant documentation for this request. (Evidence of non-pilot, insurance, FAA registration, etc.)

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