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|  | FLORIDA STATE UNIVERSITY  **UNMANNED AIRCRAFT SYSTEMS**  **FLIGHT APPROVAL REQUEST FORM** |

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| Prior to submission of this form, the Requestor must review **FSU’s Unmanned Aircraft Systems Operation Policy** ([4-OP-E-7](http://policies.vpfa.fsu.edu/policies-and-procedures/general-university)). Specific authorization to operate an Unmanned Aircraft System (UAS) must be granted by FSU’s Director of Emergency Management before any of the following operations are permitted: (1) Flight operations that are launched from any University-owned or -managed property regardless of UAS ownership; and (2) Flight operations that are launched from or fly over any property other than University-owned or -managed, if the UAS is owned by FSU. Provide full details of flight in the fields below. Depending on the intended use and activities associated with the use of the UAS, there may be additional university approvals required before the UAS can be operated on university property or at university events. | | | | | | | | | | |
| **This Request Form shall be submitted by the Responsible Party at least five (5) business days prior to the proposed flight.**  **Inaccurate or missing information may cause the request to be delayed or rejected.**  **This is a**  **New Request or**  **Request to Amend a Previously-Approved Flight Operation** | | | | | | | | | | |
| **RESPONSIBLE PERSON** | | | | | | | | | | |
| Responsible Person Name: | | | | | | | | | | |
| FSU Affiliation:  Faculty  Staff  Student or  Not FSU-affiliated | | | | | | | | | | |
| If FSU Student, provide name of faculty supervisor for this flight: | | | | | | | | | | |
| FSU Dept or Non-FSU Organization: | | | | | | | | | | |
| If Non-FSU, insert Address: | | | | | | | | | | |
| Phone: | | | | Email: | | | | | | |
| **UAS INFORMATION** | | | | | | | | | | |
| Make: | Model: | | | Type: | | | Weight (incl. payload): | | | |
| Added Payload (camera, sensor, etc.; be specific with make/model/type): | | | | | | | | | | |
| FAA Registration #: | | Registered Owner:  FSU  Other (enter name): | | | | | | | | |
| **FLIGHT INFORMATION** | | | | | | | | | | |
| Remote Pilot in Command Name: | | | | | Airman Certification #: | | | | | |
| Other Crew (list names and roles): | | | | | | | | | | |
| Start Date: | End Date: | | | Start Time: | | | End Time: | | | |
| Launch Latitude: | | | Launch Longitude: | | | Flight Radius: | | | | |
| Purpose of the Flight:  Research  Educational Activity  Photo/Video  Topographical Survey  Construction-Related  Other (explain): | | | | | | | | | | |
| FAA Authorization for this flight:  Hobby/Recreation Rules  14 CFR Part 107, Research/Commercial  Other: | | | | | | | | | | |
| **EXPORT CONTROL INFORMATION** | | | | | | | | | | |
| 1. Is the UAS designed to have controlled flight out of the direct “natural vision” of the operator? | | | | | | | | | | Yes  No |
| 1. Is the “endurance” (i.e. flight time) of the UAS greater than or equal to 30 minutes? | | | | | | | | | | Yes  No |
| 1. Is the UAS designed to take‐off and have stable controlled flight in wind gusts equal to or exceeding 25 knots/hr.? | | | | | | | | | | Yes  No |
| 1. Is the UAS capable of autonomous flight control and navigation ability? | | | | | | | | | | Yes  No |
| 1. Does the UAS incorporate an aerosol dispensing system/mechanism with a capacity of greater than 20 liters? | | | | | | | | | | Yes  No |
| 1. Is your UAS “[specially designed](https://www.pmddtc.state.gov/licensing/dt_SpeciallyDesigned.htm" \o "DDTC Decision Tool)” for military use? | | | | | | | | | | Yes  No |
| 1. Are you designing a UAS with a flight control system and vehicle management system with swarming capability? | | | | | | | | | | Yes  No |
| 1. Will you be transferring, exporting or hand‐carrying the UAS to a foreign country in the course of this activity? | | | | | | | | | | Yes  No |
| 1. Will foreign nationals have access to development, design, production or use technology for the UAS? | | | | | | | | | | Yes  No |
| If any of the above answers are “Yes”, additional approval is required from [FSU’s Export Control Officer](https://www.research.fsu.edu/research-compliance/export-controls/). | | | | | | | | | | |
| **REQUIRED ATTACHMENTS** | | | | | | | | | | |
| **Attach** Insurance Certificate. Florida State University Board of Trustees shall be named as Additional Insured on the Insurance Certificate. | | | | | | | | | | |
| **Attach** a copy of Section 333 exemption, COA, and any other documentation to support this request. | | | | | | | | | | |
| **CERTIFICATION BY RESPONSIBLE PERSON** | | | | | | | | | | |
| By signing below, the individual/entity submitting this request agrees to and will abide by FSU’s Unmanned Aircraft Systems Operation Policy (4-OP-E-7). The approved copy of this Request Form must be in possession of the operator at all times during the activity, and must be presented upon request to any University official or representative with control or jurisdiction over the activity. The university reserves the right to request additional documentation as a condition of approval and operation. Any violations of the Policy by employees and students will be dealt with in accordance with applicable University policies and procedures. Any third parties that operate UAS in violation of this policy will be treated as trespassers and may be removed from campus. Violators of local, state, and federal laws may be handled by appropriate law enforcement. | | | | | | | | | | |
| **Responsible Person Signature:** | | | | | | | | | Date: | |
| **If Responsible Person is a student, signature of supervisor of this flight:** | | | | | | | | | Date: | |
| **INSTITUTIONAL DECISION** | | | | | | | | | | |
| APPROVED  NOT APPROVED  CONDITIONALLY APPROVED; Conditions: | | | | | | | | | | |
| **Director of Emergency Management** | | | | | | | | Date | | |