**UNIVERSITY OF WYOMING**

**DRONE APPROVAL APPLICATION**

Completed applications should be submitted to [Carrie Hesco](mailto:chesco@uwyo.edu)

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| **1. REQUESTOR(S) INFORMATION** |
| **NAME OF REQUESTING PARTY:** |
| UW DEPARTMENT NAME (IF APPLICABLE) AND ADDRESS:    CONTACT NAME, PHONE NUMBER AND EMAIL ADDRESS: |
| APPLICANT IS: FACULTY/STAFF STUDENT OTHER (PLEASE DESCRIBE) : |
| IS THIS UAV OWNED BY UW? YES NO IF NO, WHO IS IT OWNED BY? |
| DESCRIPTION OF UAV ACTIVITIES: |
| DATE(S) OF OPERATION: |
| LOCATION(S) OF OPERATION: |
| REGISTRATION NUMBER(S): |

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| 2. **UAV INFORMATION** | | | | | | |
| **SERIAL NUMBER** | **YEAR** | **MANUFACTURER AND MODEL** | | **AIRFRAME VALUE** | **LIABILITY LIMIT REQUESTED** | **DEDUCTIBLE** |
| 1. |  |  | |  |  |  |
| 2. |  |  | |  |  |  |
| 3. |  |  | |  |  |  |
| 3. **ASSOCIATED SYSTEMS – SENSORS, CAMERAS, GIMBALS, GROUND CONTROL SYSTEM** | | | | |  | |
| **SERIAL NUMBER** | **MANUFACTURER** | | **EQUIPMENT** | | **INSURED VALUE** | **DEDUCTIBLE** |
| 1. |  | |  | |  |  |
| 2. |  | |  | |  |  |
| 3. |  | |  | |  |  |
| 4. |  | |  | |  |  |
| 5. |  | |  | |  |  |

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| 4. **PILOT INFORMATION** | | | |  | |
| **List ALL pilots who operate applicant’s UAS (full-time, part-time, contract employees, and private RPC Certified Pilots)** | | | |  | |
| **NAME** | **UAV TIME** | |  |  | **UW EMPLOYEE?** |
| **F/W** | **R/W** | **FAA REMOTE PILOT CERTIFIED?** | **DESCRIBE ALL RELEVANT UAV TRAINING (INCLUDING PART 61, PART 107 TRAINING)** |
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| 5 **LIABILITY INSURANCE – Liability insurance is the responsibility of the operating department.** |

**DO YOU CARRY LIABILITY INSURANCE FOR THIS UAV? YES: NO:**

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| **INSURER** | **LIABILITY LIMIT** |
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**IF SO, WHAT IS THE MAXIMUM LIABILITY LIMIT FOR THIS POLICY, AND WHO PROVIDES THE COVERAGE? (PLEASE ATTACH CERTIFICATE OF INSURANCE WITH THIS FORM)**

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| 5. **GENERAL INFORMATION**  COMPLETE THIS SECTION FOR EACH UAV MODEL OVER .55 LB AND UNDER 55 LB | | | | | | | | |
| **UAV #1** | | | | | | | | |
| AIRFRAME WEIGHT: MAX TAKEOFF WEIGHT: DRONE MINUMUM FLIGHT VISIBILITY:  IS THE MAX SPEED UNDER 100 MPH? : MAX RANGE / ENDURANCE: POWER SUPPLY: ELECTRIC GAS    WILL THE UAV BE FLOWN WTHIN 400 FEET OF STRUCTURES?  YES  NO | | | | | | | | |
| 1. WILL THERE BE A PREFLIGHT CHECK OF THE UAV? (REQUIRED) | | | | | | | | |
| 2. IS THE UNIT COMPLETELY AUTONOMOUS OR OPTIONALLY REMOTELY PILOTED? | | | | | | | | |
| 3. IS THERE BACKUP POWER IN THE EVENT OF A POWER LOSS? |  | YES |  | NO | | | | |
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| 4. DESCRIBE THE TAKEOFF PROCEDURE: | | | | | | | | |
| 5. DESCRIBE THE UAV RECOVERY (LANDING): | | | | | | | | |
| 6. WHERE WILL THE UAV PRIMARILY BE OPERATED? | | | | | | | | |
| 7. HOW MANY HOURS PER YEAR WILL THE UAV BE OPERATED? | | | | | | | | |
| 8. WHAT DOES THE GCS (GROUND CONTROL SYSTEM) CONSIST OF? | | | | | | | | |
| 9. IF COMMUNICATION/CONTACT IS LOST IN FLIGHT, CAN THE UAV RETURN TO BASE ON ITS OWN? YES NO WHAT IS THE PROCEDURE FOR REGAINING COMMUNICATION IF DATA LINK IS BROKEN? | | | | | | | | |
| 10. DESCRIBE ADDITIONAL SYSTEM FAILSAFES: | | | | | | | | |
| 11. IS THERE A FORMAL OPERATIONAL SAFETY PROGRAM OR PROCEDURE IN PLACE? | | | | |  | YES |  | NO |
| 12. WILL ANY TAKEOFF OR LANDINGS BE CARRIED OUT IN POOR VISIBILITY OR AT NIGHT? IF YES, DESCRIBE: | | | | |  | YES |  | NO |
|  |  |

6.

**OPERATIONS**

AIRSPACE:

COA

Below 400 ft AGL

Above 400 ft AGL

OPERATOR:

Government

Business

Private

Other

PURPOSE OF USE (Check all that apply):

Aerial Photography

Agriculture

R&D

Law Enforcement

Surveillance

Military

Television/Movie

Line Patrol

Recreational

Construction

Training

Other

Other Description:

OPERATING ENVIRONMENT (Check all that apply):

Urban

Semi-Urban

Industrial

Coastal

Maritime

Rural

Mixed

International

Other

Other Description:

1.

PLEASE DESCRIBE THE STORAGE FACILITY USED TO HOUSE THE UAV AND ASSOCIATED EQUIPMENT:

2.

PLEASE DESCRIBE THE METHOD OF TRANSPORTATION FOR THE UNIT:

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| 7. **INSURANCE AND CLAIMS HISTORY** |
| 1. HAS THE APPLICANT OR ANY NAMED PILOT HAD ANY LOSSES OR CLAIMS IN THE LAST YEARS? YES NO 2. HAS THE APPLICANT OR ANY NAMED PILOT EVER BEEN INVOLVED IN A PERSONAL INJURY CASE? YES NO 3. HAS THE APPLICANT OR ANY NAMED PILOT EVER BEEN CONVICTED OF A CRIME? YES NO   IF YES TO ANY OF THE ABOVE, PLEASE DESCRIBE (INCLUDING DRUG OR SUBSTANCE CHARGES): |

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| **88. FAA COMPLIANCE AND LAANC AUTHORIZATION** |
| BY SUBMITTING THIS APPLICATION, I ACKNOWLEDGE THAT APPROVAL OF THIS APPLICATION DOES NOT EXEMPT ME FROM FOLLOWING THE RULES AS SET FORTH IN PART 107, FEDERAL AVIATION ADMINISTRATION, INCLUDING BUT NOT LIMITED TO GETTING LAANC AUTHORIZATION ON THE DATE AND TIME OF DRONE FLIGHT.  By typing your name below, you are signing this application electronically.  SIGNATURE: |
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