Unmanned Aircraft Systems (UAS) Request Form (Application for UAS Operations)

This UAS Request Form must be completed in its entirety and submitted to Risk@ODU.edu for review and approval by the UAS Approval Committee (UAC) prior to any UAS operations on University property or at any University sponsored event. University faculty, staff, graduate associates, students, or others conducting operations on behalf of the University must submit this document not less than two (2) weeks in advance of flight operations. Individuals who are not affiliated with the University or who are not conducting University sponsored operations must submit this form not less than three (3) weeks in advance of flight operations. The Requestor will receive a UAC response within 10 working days of request receipt. Prior to submission of this form, the Requestor must review the Unmanned Aircraft Systems policy ODU UAS POLICY URL. Any omission of information requested in this form 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 □

ODU Department or Organization: _______________________________________________________

Address: _______________________________________________________________________

Email Address: _________________________________________________________________

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.), including identity 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. For example, any activities that involve videography, photography or recording must first be approved through the Office of Strategic Communications & Marketing.

Specific Location of Activity: _____________________________________________________________

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

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, 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  Yes ☐  No ☐

I have attached a Certificate of Waiver or Authorization (COA), and/or other relevant documentation for this request.

Signature ___________________________ Date ____________________

By signing above, the individual/entity submitting this form warrants they have read the ODU UAS Policy and 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. 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 COMMITTEE OR DESIGNEE RESPONSE

Request Approved  Yes ☐  No ☐

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

[Blank space for comments or requirements]

ODU Official approving this request:

Signature: ___________________________ Date: ____/____/______