

CSU Channel Islands

Unmanned Aircraft Systems (UAS)/Drone Use Application

This UAS Use Application must be completed and submitted to Environmental, Health & Safety and Risk Management (EHS-RM) Department (risk@csuci.edu) for review and approval prior to each proposed UAS operation on University property or at any University sponsored event. University faculty, staff, students, or others conducting operations on behalf of the University, as well as individuals who are not affiliated with the University (or who are not conducting University sponsored operations) must submit this application no less than fourteen (14) business days in advance of flight operations. Requestors must comply with any other applicable University guidelines. **Any omission of information requested in this application may result in a delay of processing.**

Who Is Requesting The Drone?	Requestor:	Relationship to CSUCI:
	Name of Requestor: _____	<input type="checkbox"/> Undergrad Student
	Department (if applicable): _____	<input type="checkbox"/> Grad Student
	Name of Supervisor (if applicable): _____	<input type="checkbox"/> Conference/Events
	E-mail Address: _____	<input type="checkbox"/> Faculty/Staff
Business Phone: _____	<input type="checkbox"/> Visitor/Guest	
Mobile Phone: _____	<input type="checkbox"/> Vendor/Contractor	
	<input type="checkbox"/> Other:	

Who will be operating the drone?	Operator:	Federal Aviation Administration UAS Certificate of Registration
	Name of Operator: _____	Certificate Holder: _____
	Company Name (if applicable): _____	Certificate #: _____
	Company Address: _____ _____	Issued Date: _____
	E-mail Address: _____	Expiration Date: _____
	Business Phone: _____	Mobile Phone: _____

What is the purpose of the flight?	Purpose:	
	Provide full details of flight purpose (education, coursework, research, promotional, etc.), including identity of UAS operator(s). Depending on your intended use and activities associated with the use of your UAS, other University approvals may be required before you can operate your UAS on University property or at a University sponsored event. For example, any proposed videography, photography, or recording may require approval from University Communications or other departments. (You may attach additional pages/documents)	

When will the drone be flying?	Usage/Activity Information:									
	Date(s) of UAS Activity: _____					Max Altitude _____				
	Start Time:		<input type="checkbox"/> am	<input type="checkbox"/> pm	End Time:		<input type="checkbox"/> am	<input type="checkbox"/> pm		
Location of UAS Operation: _____					Type of flight: _____					
<input type="checkbox"/> Mandatory - I've attached a flight plan map indicating drone usage locations, direction, and altitudes										
How will the photos or video footage be used?	Will the photos or video be posted on the internet or social media: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which sites: _____									
	Will the drone be used to capture recognizable images of University signs and campus buildings: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will									
	Will the drone be used to capture recognizable images of individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will this personal information be protected (check all that apply)?									
	<input type="checkbox"/> The faces of individuals that are recognizable will be blurred. <input type="checkbox"/> The individual(s) that is/are recognizable will sign a photo/video release. <input type="checkbox"/> The drone will only capture images or video of large groups at a distance & resolution where individual recognition is not easily accomplished. <input type="checkbox"/> Other (please specify): _____									
	Will signs be posted to inform bystanders that their images may be recorded by drones? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, sign must inform bystanders about who to contact if there are questions or concerns.									

Drone & Camera Information	UAS Description:									
	Type/Model of UAS: _____ Serial #: _____									
	Weight/Dimensions: _____ Model of Camera: _____									
	Name of UAS Owner: _____ Contact information: _____ (if not the requestor)									
	UAS Registered with FAA		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Registration Number: _____					
	Pilot Licensed by FAA		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, FAA License Number: _____					
	Photographs taken during flight		<input type="checkbox"/> Yes <input type="checkbox"/> No		Video recorded during flight		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Video recorded during flight		<input type="checkbox"/> Yes <input type="checkbox"/> No		Operating under a COA/333		<input type="checkbox"/> Yes <input type="checkbox"/> No		(if yes, attach)	

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 any 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.

UAS Approval Response: Approved Approved, with conditions (see below) Denied

Approved time period: (date/time): _____ Conditions: _____

Comments: