



THE UNIVERSITY OF NORTH CAROLINA AT WILMINGTON

Unmanned Aerial Systems (UAS) Flight Request Form

This UAS Request Form must be completed and submitted to erm@uncw.edu for review and approval 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 requested 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 requested flight operations. The Requestor will receive a response within 10 working days. Prior to submission of this form, the Requestor must review the [Interim UAS Policy 05.450](#). **Any omission of information requested in this form may result in a delay of processing.**

SECTION 1: REQUESTOR (PILOT) INFORMATION

Applicant Full Name: First _____ M.I. _____ Last _____

Affiliation: University (Current University Faculty, Staff, Graduate Associate or Student) Non-University

Department or Sponsor/Organization (if applicable): _____

Contact Phone: _____ Email Address: _____

Pilot Licensed by FAA Yes No License # _____ (Attach copy)

Pilot Licensed by NC DOT Yes No License # _____ (Attach copy)

Previous Request(s) Approved Yes No Date of Most Recent Approval _____

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 University Relations.

Specific Location of Activity: _____

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

Photos to be taken during flight Yes No If so, describe _____

Video to be taken during flight Yes No If so, describe _____

Note: The airspace above UNCW's main campus is Class D restricted airspace. At this time, recreational drone use on the UNCW campus is not permitted.

SECTION 3: UAS DESCRIPTION

Type/Model of UAS: _____

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

UAS Registered with FAA Yes No Registration # _____

Equipped with Geo-fencing Yes No

SECTION 4: REQUESTOR (PILOT) ATTESTATION

I have attached a certificate of insurance* and other relevant documentation, if applicable, for this request.

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 Aerial Systems, photography, and videography. 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 Interim UAS Policy 05.450, will be held accountable for their actions.

*General liability coverage with \$1,000,000 per occurrence limit, naming "University of North Carolina at Wilmington" as an additional insured

SECTION 5: ERM RESPONSE

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

Request Approved Yes No

Approvals are subject to appropriate weather conditions at the time of flight. Please contact erm@uncw.edu to reschedule a flight impacted by adverse weather.