

FAU DRONE FLIGHT REQUEST

1. Please list the name, e-mail address and contact telephone number for the drone main point of contact:

2. Please provide the FAA registration number for the drone:

3. Please list the registered pilot of the drone including the contact telephone number and e-mail address:

4. Please detail the flight plan and intended operational use of the drone:

5. During the preparation for and the actual proposed activity, will the drone be altered in any way, either physically or via the software? If yes, please describe the anticipated alterations:

6. Please provide the weight of the drone, including payload:

E-Mail completed form to ehs@fau.edu

7. Will any of the following conditions be present during your flight? If so, please detail below.

- A. Fly within 5 miles of any airport
- B. Fly within 300 ft. of any concert, festival, or other athletic facility
- C. Fly within 75 feet of a residence hall, paved roadway or parking structure
- D. Fly over people
- E. Used during nighttime hours
- F. Fly/launch from a moving vehicle/vessel

8. Is this a FAU-registered drone operated by a FAU pilot? If no, please attach the properly endorsed general liability insurance certificate of the 3rd party pilot.

9. Please detail the safety and risk mitigation measures in place during flight operation.

10. Please provide the FAA LAANC authorization numbers for the proposed flight activity.

As the drone flight requestor, I certify that the above information is accurate and the drone to be used is fully-compliant with 60GG-2.0075 FAC. - Unmanned Aerial Systems Minimum Security Requirements. I will report any accident related to my flight activity that results in property damage and/or personal injury to ehs@fau.edu within 24 hours of the accident. Should any of the information change from the plan above, I will notify FAU EH&S at ehs@fau.edu prior to the flight activity.

Name of Flight Requestor (Print)

Signature

Date

As the Supervisor for the above flight requestor, I approve of this request and the intended use of the drone.

Name of Supervisor (Print)

Signature

Date

E-Mail completed form to ehs@fau.edu