TITLE: USE OF CHARTER AIRCRAFT FOR RESEARCH PURPOSES

OBJECTIVE AND PURPOSE
To set forth procedures governing the chartering of private aircraft for research purposes. This procedure will enhance the safety of university staff, faculty and students engaged in flying on privately chartered aircraft in a research setting.

RESPONSIBILITY

DEPARTMENT CHAIR
- It is the initial responsibility of the appropriate department chair to review the completed FAU Application to Charter Aircraft for Research form (Attachment “A”) and the FAU Charter Aircraft for Research Scope of Work form (Attachment “B”) as submitted by the requestor and to grant approval by signature. After evidencing approval by signature the documents shall be sent to the University Risk Manager located in the Office of the University Architect and VP for Facilities.

UNIVERSITY RISK MANAGER
- The FAU Application to Charter Aircraft for Research form (Attachment “A”) and the FAU Charter Aircraft for Research Scope of Work form (Attachment “B”) will be sent to Purchasing for approval and processing. The University Risk Manager may seek additional information and/or defer to the appropriate committee charged with establishing standards for charter aircraft operations.

PURCHASING
- All documents are to be sent to Purchasing for proper processing.

ATTACHMENTS
- FAU Application to Charter Aircraft for Research - Attachment “A”
- FAU Charter Aircraft for Research Scope of Work - Attachment “B”

Issued By: G. Young  Date Issued: 10/2010  Date Revised:  N/A  Effective Date: 10/2010

APPROVED:

Vice President  Assistant V.P.  Director
INSTRUCTIONS:

Use this Application to initiate an aircraft charter. Submit completed form along with FAU Charter Aircraft for Research Scope of Work form and a Purchase Order Requisition to your Chair for approval.

After receiving approval forward to University Risk Manager. After receiving University Risk Manager approval form will be sent to Purchasing.

INITIATING DEPARTMENT:

Date of Application: _________________________________________________

Department: ________________________________________________________

Department Contact: _______________________________________________

       Phone: ____________________

       E Mail: ____________________

CHARTER INFORMATION:

Planned Date(s) for Charter(s): _________________________________________

Employee Chartering Aircraft: __________________________________________

Number of Passengers: _______________________

       FAU Employees: ________________

       FAU Students: ________________

       Others: _______________________

Purpose of Charter: ___________________________________________________
PROPOSED AIRCRAFT INFORMATION

Owner: ____________________________________________________________

Operator: __________________________________________________________

FAA Charter License (Attach Copy):____________________________________

List Aircraft Tail #('s):_______________________________________________

List FAA Airworthiness Certificate #('s) (Attach copy):______________________

List Aircraft Type(s):________________________________________________

List # of Crew for each Aircraft:_______________________________________

Total # of Seats:_____________________________________________________

List Name(s) of Pilot(s):______________________________________________

List Pilot’s License #('s) (Attach Copy):________________________________

*Insurance Company (Attach Certificate of Insurance):____________________

REVIEW AND APPROVAL

Department Chair: _____________________________ Date____________________

University Risk Manager: ________________________Date____________________

Purchasing: ___________________________________Date_____________________

* Florida Atlantic University must be added as an additional insured on all liability policies. Aviation liability must include passenger liability in minimum limits of $500,000 times the number of seats. Evidence of general liability, workers compensation and auto liability must be evidenced on the Certificate.
## Proposed Work Description

### 1. RESEARCH MOTIVATION

### 2. PROPOSED METHOD

### 3. PRECEDENTS AND REFERENCES

### 4. FAU PASSENGER JUSTIFICATION

### 5. PERIOD OF PERFORMANCE
| 6. RESEARCH LOCATION/AREA (attach if needed) | 7. MISSION RANGE  
NM | 8. MISSION HOURS (each) |
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<tr>
<td>9. MISSION FREQUENCY</td>
<td>10. TOTAL EFFORT HOURS</td>
<td>11. TIME OF DAY AND YEAR</td>
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<td>13. AIRCRAFT TYPE(S) AND DESCRIPTION(S)</td>
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<tr>
<th>CRUISE</th>
<th>MINIMUM</th>
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| 14. AIRSPEED  
KTS | 15. ALTITUDE  
FT | 16. AIRSPEED  
KTS | 17. ALTITUDE  
FT | 18. AIRSPEED  
KTS | 19. ALTITUDE  
FT |
| 20. NO. PASSENGERS | 21. EQUIPMENT CARRIED ONBOARD | 22. TOTAL EST. WEIGHT  
LBS |
<p>| 23. DEPARTURE AIRPORT | 24. DESTINATION AIRPORT | 25. LIST INTERNATIONAL AIRSPACE |
| 26. REFUEL NEEDED? | 27. SPECIAL LANDING/TAKE-OFF REQUIREMENTS |
| 28. SPECIAL AIRCRAFT CAPABILITIES NEEDED |</p>
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<th>Other Special Safety</th>
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<tr>
<td>29. FLIGHT FOLLOWING AND/OR COORDINATION PLAN</td>
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<tr>
<td>30. AERIAL HAZARDS</td>
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<tr>
<td>31. SPECIALIZED TRAINING</td>
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<td>32. PERSONAL SAFETY DEVICES</td>
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<td>33. SPECIAL AIRCRAFT SAFETY</td>
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<td>34. SPECIAL SURVIVAL CONSIDERATIONS</td>
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<td>35. RESCUE PLAN</td>
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<td>36. MISSION ORDER/CANCELLATION PROTOCOL</td>
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Instructions

Each field in the FAU Charter Aircraft for Research Scope of Work Form is numbered with a descriptive title. See corresponding instructions for each field below. Units are indicated in the fields (where appropriate), but additional information is included in the field instructions.

1. Provide background information about the research context for the aircraft charter request, specifically what the research is, and how the aerial surveys will contribute. This field is intended to be a narrative, including academic references, if relevant. Although intended to be a summary, it may be necessary to include additional narrative as an attachment.
2. Include a summary of the proposed method, area, and frequency for aerial research in sufficient detail to understand the scope of the proposed work. Although intended to be a summary, it may be necessary to include additional narrative as an attachment.
3. Cite references for previously demonstrated similar efforts or precedents. Although intended to be a summary, it may be necessary to include additional narrative as an attachment.
4. Provide a narrative explanation why FAU faculty, staff, or students will be onboard during flights, and how many. Although intended to be a summary, it may be necessary to include additional narrative as an attachment.
5. Indicate the total period of performance for the proposed work.
6. Describe the location and/or area where aerial missions will be completed. Attach graphics or maps if necessary.
7. The individual total mission range in nautical miles.
8. The total duration of each proposed mission in hours.
9. Indicate the frequency of missions, and the total number of missions.
10. Calculate the total flight hours based upon the period of performance, mission frequency, mission number, and mission hours.
11. Indicate restrictions of time of day and/or year for the successful completion of the proposed work.
12. Indicate the proposed number of aircraft simultaneously required for each mission.
13. Provide an explanation of the type(s) of aircraft recommended and/or required to accomplish the proposed work with sufficient clarity that an aircraft charter vendor can determine if frames are appropriate and available to satisfy. The PI should work with the vendor to select an appropriate aircraft frame and propulsion based upon these defined mission and safety requirements. Precedents from previous similar efforts are desired. Include additional narrative as an attachment.
14. Indicate the average cruise airspeed during an individual mission in knots.
15. Indicate the average cruise altitude during an individual mission in feet altitude.
16. Indicate the minimum airspeed during an individual mission in knots.
17. Indicate the minimum altitude during an individual mission in feet altitude.
18. Indicate the maximum airspeed during an individual mission in knots.
19. Indicate the maximum altitude during an individual mission in feet altitude.
20. Indicate the number of FAU passengers required for each mission.
21. List any equipment to be carried onboard during flights required for mission and research accomplishment.
22. Indicate the total estimated weight of equipment carried onboard, exclusive of passenger weight. Passenger weight is estimated with a standard constant based upon total passengers, and should not be included.
23. List the departure airport using its International Air Transport Association (IATA) code, if available. If the destination airport is the same as the departure airport, list the entry in 23.
24. List any international airspace(s), if any, which will be entered during individual missions. If none, indicate with N/A.
25. Indicate if refueling will be necessary during an individual mission.
26. Describe any special landing or take-off requirements which would restrict available alternative sites.
27. Include any recommended additional oversight during missions exclusive of the required FAU and FAA flight following (typically restricted to departure and arrival check-in).
28. List any anticipated potential aerial hazards based upon flight altitudes and locations.
29. Indicate any recommended or required training to qualify as a passenger during missions. This training can be specialized safety or research related.
30. List any personal safety devices recommended or required for each FAU passenger to carry (e.g. personal locator beacon, life jacket, etc.) based upon mission conditions.
31. List any specialized safety features required, recommended, or available for the aircraft based upon mission conditions.
32. Describe any unique survival considerations for rescuers (e.g. extreme temperatures, long distances, high currents, high altitudes, dense vegetation, etc.)
33. Describe rescue plans beyond contacting emergency services (e.g. ditch protocol, other aircraft orientation information, etc.)
34. Describe the mission ordering and mission cancellation protocol. Responsibilities, authority, and rights should be clear to all parties.
Statement of Work

As evidenced by my signature set forth below I certify that we can perform all work proposed under the Scope of Work set forth above. I understand that this is NOT a contract to actually do work, but is only an acknowledgment that we can conform to the requirements as set forth above.

Signed this ________ day of ___________________, 20____ at ________________________________

_____________________________________________
Name

By: _________________________________________

Title: _________________________________________