



## UNMANNED AIRCRAFT SYSTEMS (UAS) USE APPLICATION

This application must be submitted to the Office of the Provost at least five (5) business days prior to the proposed date of operation. Operators must receive explicit permission prior to beginning all operations from the UAS Operations Manager and the Office of Compliance and Enterprise Risk Management, and must possess a copy of the approved application at all times during flight activity.

**The University retains the authority to interrupt and suspend any activity deemed to adversely affect the University Community.**

1. Name of Operator/ Pilot In Command ("PIC"): \_\_\_\_\_

Pilot Certificate Number (if applicable): \_\_\_\_\_

Operator's relationship to Middle Tennessee State University:

\_\_\_\_ Student

\_\_\_\_ Conference/ Camp Attendee

\_\_\_\_ Event Co-Sponsor with MTSU

\_\_\_\_ Faculty/ Staff

\_\_\_\_ Other \_\_\_\_\_

2. Department/ Company: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Contact Phone Number (during UAS flight operations): \_\_\_\_\_

5. Purpose of Operation (please explain):

\_\_\_\_\_  
\_\_\_\_\_

6. Date of Operation: \_\_\_\_\_ Time(s) of Operation: \_\_\_\_\_

Academic Year/ Semester \_\_\_\_\_

7. Make/ Model of UAS: \_\_\_\_\_

8. Registration #: \_\_\_\_\_

Please remit the following with this application:

- Detailed description of flight plan, including operational area of proposed flight
- FAA Certificate of Waiver/ Exemptions
- Data collection plans and intended use of data collected

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*By my signature above, I hereby certify that the information provided herein is true and correct to the best of my knowledge. I further certify that I have read and understand MTSU Policy 785 and the UAS Procedures for University Use of Unmanned Aircraft Systems.*

*Originated 7/2018; Revised 12/2018.*



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*This Section is for MTSU Internal Use Only*

Application Determination:

\_\_\_\_\_ Approved

\_\_\_\_\_ Conditionally Approved

\_\_\_\_\_ Denied

If Denied, Reason for Denial: \_\_\_\_\_

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\_\_\_\_\_  
Approver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approver Printed Name and Title