



UAV FLIGHT REQUEST APPLICATION

Application for UAV Pilots and Hobbyists

For use of this form, see ORSP SOP 310, UAV Operations

IMPORTANT INFORMATION: When completing the application, if any field is incomplete or invalid, the application will not be reviewed. Your acknowledgement of the attestation clause at the end of the application certifies all statements in the application are true and factual. This application and its answers will be shared with the FAA in any incident involving injury or property damage from the flight of your UAV. If not applicable, please put N/A in the text field.

UAV FLIGHT REQUEST APPLICATION: This form is to approve the flying of UAV devices on or off campus by University employees, faculty and students as well as any outside party flying on UNC Asheville property.

SECTION 1 – APPLICATION TYPE (CHOOSE ONE)

- ☐ APPLICATION FOR PART 107, CIVIL COA OR PUBLIC COA
(COMPLETE SECTIONS 2, 3, 4, 5 AND 6)
- ☐ APPLICATION FOR HOBBYISTS
(COMPLETE SECTIONS 2, 4, 5 AND 6)

SECTION 2 – REQUESTOR INFORMATION

| | | | |
|-------------------|---------------------|--------|----------------|
| LAST NAME | FIRST | MIDDLE | CORPORATE NAME |
| TELEPHONE No. | ALTERNATE TELEPHONE | | EMAIL |
| PRESENT ADDRESS | STREET | CITY | STATE ZIP |
| PERMANENT ADDRESS | STREET | CITY | STATE ZIP |
| WEBSITE: | | | |

NOTE: If operating as a **hobbyist**, please provide a copy of your NC UAS Knowledge Test Certificate.

SECTION 3 – PILOT(S) INFORMATION

| | | | |
|---------------|---------------------|--------|---------------------------------|
| LAST NAME | FIRST | MIDDLE | RPIC PILOT CERTIFICATION NUMBER |
| TELEPHONE No. | ALTERNATE TELEPHONE | | EMAIL |

NOTE: If more than one pilot, please provide the requested information about the individual on a separate sheet and attach with application.

ATTACH:

- COPY OF YOUR AUTHORIZATION (E.G., FAA PILOT'S LICENSE, SECTION 333 EXEMPTION, PART 107)
- CERTIFICATE OF INSURANCE (NON-UNC ASHEVILLE APPLICANTS ONLY) – PROVIDE A COPY OF YOUR INSURANCE COVERAGE.

SECTION 4 – PURPOSE OF UAV REQUEST / PROPOSED ACTIVITY

Provide full description of flight purpose (education, research, promotional, etc.), including identify of UAS operator(s) and/or flight team. Depending on your intended use and activities associated with the use of

your UAV, there may be other university approvals required before you can operate your UAV on University property. For example, any activities that involve athletics may also require approval by Janet Cone at jcone@unca.edu. A copy of this approval must be submitted with this application.

PROPOSED FLIGHT DATE (DD/MM/YYYY): _____

FLIGHT DURATION (PLEASE ESTIMATE IN MINUTES OR HOURS): _____

FLIGHT ALTITUDE (PLEASE USE FEET): _____

WILL YOU BE FLYING OVER PEOPLE? _____

IS THE OPERATOR USING COMMUNITY-BASED SET OF SAFETY GUIDELINES? _____

IS THE OPERATOR FLYING WITHIN VISUAL LINE OF SIGHT? _____

LATITUDE AND LONGITUDE

(PLEASE ADD 4 CORNER POINTS AND PILOTS LOCATION)

CORNER 1: _____

CORNER 2: _____

CORNER 3: _____

CORNER 4: _____

PILOT'S LOCATION: _____

WILL YOU BE OPERATING DURING EFFECTIVE CIVIL TWILIGHT AS DEFINED BY THE FAA? _____

Effective twilight typically spans the time between 30 minutes after sunset and 30 minutes before sunrise.

IF YES, ATTACH:

- ATTACH FAA DAYLIGHT OPERATIONS WAIVER.

DO YOU HAVE MAINTENANCE RECORDS FOR THE AIRCRAFT? _____

DOES THE AIRCRAFT HAVE ANY PREVIOUS REPORTABLE ACCIDENTS? _____

FAA defines this as property damage over \$500.00 or bodily injury

WILL YOU BE OPERATING THE DRONE FROM A MOVING VEHICLE?

FAA Exemption is required to operate from a moving vehicle

SECTION 5 – UAV DESCRIPTION

WILL YOU BE OPERATING MULTIPLE AIRCRAFT UNDER THIS APPLICATION?

PROVIDE AIRCRAFT INFORMATION:

| UAV TYPE | MANUFACTURER / MODEL | FAA REGISTRATION NUMBER | WEIGHT AT TAKE-OFF |
|----------|----------------------|-------------------------|--------------------|
| | | | |
| | | | |
| | | | |

NOTE: If more than three drones, please provide the requested information about each aircraft on a separate sheet and attach with application.

SECTION 6 – ACKNOWLEDGEMENT

I UNDERSTAND AS THE REMOTE PILOT-IN-COMMAND (PIC) OF A UAV, I AM DIRECTLY RESPONSIBLE FOR, AND HAVE FINAL AUTHORITY AS TO, THE OPERATION OF THE UAV. I FURTHER UNDERSTAND THAT AS THE REMOTE PIC, I ALSO HAVE ULTIMATE RESPONSIBILITY FOR THE SAFE OPERATION OF THE UAV FLIGHT(S) I AM REQUESTING APPROVAL TO CONDUCT. ANY ACCIDENTS THAT OCCUR UNDER THIS FLIGHT APPLICATION WILL BE IMMEDIATELY REPORTED TO THE MEMBER SUPERVISING AUTHORITY SELECTED ON THIS APPLICATION. THE INFORMATION I HAVE PROVIDED IN MY APPLICATION IS TRUE AND ACCURATE.

Signature (Applicant)

Date

RETURN ALL COMPLETED APPLICATIONS TO:

Office of Research and Sponsored Programs
University of North Carolina at Asheville
One University Heights, CPO 2030
Asheville, NC 28804

or

Email: ltoms@unca.edu

FOR UNIVERSITY OFFICIAL USE ONLY:

Certification of Packet Eligibility: ☐ Yes
☐ No

Signature

Date