

WYOMING DEPARTMENT OF CORRECTIONS	WDOC Form #366	Page 1 of 3
	Unmanned Aircraft Request	Last Revised: 02/22/23

UNMANNED AERIAL VEHICLE REQUEST

Full name: _____ Date: _____

Purpose: _____ Requested
(Reason for UAV Deployment in Restricted Air Space) Date(s) of
Deployment*: _____

Group or organization you are associated with (if any): _____

FACILITY(IES) YOU ARE REQUESTING TO ACCESS (CHECK ALL THAT APPLY)

☐ Wyoming Conservation Camp/Boot Camp
(Newcastle) Fax #307-746-4436
☐ Wyoming Honor Farm
(Riverton) Fax #307-856-2505
(Torrington) Fax #307-532-3240

☐ Wyoming Medium Correctional Institution
☐ Wyoming State Penitentiary
(Rawlins) Fax #328-7464
☐ Wyoming Women's Center
(Lusk) Fax #307-334-2254

Name: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State: _____ Or Photo I.D. #: _____

Present Address: _____

Sex _____ Age _____ Height _____ Weight _____ Hair _____ Eyes _____ Race _____

Emergency Contact Name, Address and Phone Number: _____

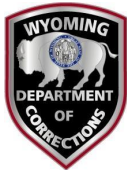
Do you have any acquaintances or family members currently incarcerated by or under the supervision of the Wyoming Department of Corrections?

YES ☐ NO ☐ If Yes, Who? _____

Have you ever been convicted of a crime? YES ☐ NO ☐

If Yes: Offense: _____ Date: _____ Location: _____

Are you currently on probation or parole? YES ☐ NO ☐ If Yes, which state: _____



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List the states you have lived or worked in over the past 10 years: _____

*This form is valid only for the specified date and does not constitute continuing authorization

I AUTHORIZE THE WYOMING DEPARTMENT OF CORRECTIONS TO CONDUCT A CRIMINAL RECORD/BACKGROUND CHECK. A CRIMINAL RECORD DOES NOT AUTOMATICALLY EXCLUDE APPLICANTS FROM CLEARANCE. HOWEVER, FAILURE TO COMPLETE THE APPLICATION AND/OR TRUTHFULLY DISCLOSE PRIOR CRIMINAL RECORDS MAY RESULT IN AN AUTOMATIC DENIAL FOR SECURITY CLEARANCE. IF CURRENTLY ON PROBATION/PAROLE, I WILL SUBMIT A LETTER FROM MY PROBATION OR PAROLE OFFICER AFFIRMING THE OFFICER'S APPROVAL/SUPPORT OF THIS CLEARANCE.

I UNDERSTAND I WILL BE REQUIRED TO ADHERE TO ALL WYOMING DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES INCLUDING BUT NOT LIMITED TO SECURITY, SEARCHES, OFFENDER RELATIONS, CONTRABAND, AND PROFESSIONAL CONDUCT. I UNDERSTAND THAT A SECURITY VIOLATION WILL RESULT IN TERMINATION OF MY CLEARANCE. I AGREE TO ABIDE BY ALL STATE AND FEDERAL STATUTES, INCLUDING BUT NOT LIMITED TO CONFIDENTIALITY. I AGREE TO KEEP ALL PRIVILEGED INFORMATION OBTAINED AS A RESULT OF MY CLEARANCE CONFIDENTIAL.

AS SPECIFIED IN WDOC POLICY #3.019, RESPONSE TO UNMANNED AIRCRAFT, WRITTEN APPROVAL IS REQUIRED TO BE IN THE POSSESSION OF THE UAV OPERATOR AT THE TIME OF DEPLOYMENT; ADVANCE NOTIFICATION OF DEPLOYMENT; AND NOTIFICATION OF THE COMPLETION OF THE APPROVED DEPLOYMENT MUST BE MADE TO THE SHIFT COMMANDER/DESIGNEE OF THE FACILITY(IES) ACCESSED. **NO VIDEO RECORDING OR PHOTOGRAPHY ON INSTITUTIONAL GROUNDS OF ANY KIND IS PERMITTED.**

I VERIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/> REASON FOR DENIAL: _____		
FACILITY CEO OR DESIGNEE: _____ DATE: _____ FACILITY: _____		



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