

Application for Unmanned Aircraft Systems (UAS) Commercial Drone Companies and Civil Users

Permit #

Commercial Companies and Civil UAS operators must have a fully-executed Operating Agreement with the University of Nebraska-Kearney prior to any and all UAS services conducted on or above property owned or controlled by the University.

Required Data Elements

UNK Project Leader

Name Email Campus Phone Number Emergency Contact Number (Cell)

UNK Department

Department Name Campus Address City/State/Zip Phone Number Email

Commercial Company or Civil UAS User

Name Street Address City/State/Zip Phone Number Email

Project Summary

A. Justification or Purpose

1 Purpose of Use (Check all applicable uses)

Advertising/Marketing		Public Safety - Police, Fire, Emergency Management
Aerial Testing/Demonstr	ration	Homeland Security/Military (Non-combat)
Atmospheric/Weather R	esearch	Mapping
Building Maintenance/R	eal Estate Sales	Photography/Video/Film Prod./Marketing/Communication
Cargo/Freight Carrying		Pipeline/Powerline Patrol
Construction/Engineerin	g/Industrial	Surveillance
Crop Management/Exter	ision	Thermal Imagery/Ground Sensing
Education/Training		Wildlife Observation
Other uses not indicated	above (explain)	

2 Describe specific objectives of UAS use, including the type of data, photos or video to be collected

3 Describe how the UAS achieves these objectives

B. Proposed Aircraft Type and Weight

- 1 Aircraft platform (aircraft type [fixed wing, etc.]
- 2 Make and Model
- 3 Registration Number (if applicable)

4 Manufacturer Serial Number

If aircraft has no registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim

5 Date Purchased 6 New or Used 7 Price Paid 8 Present Estimated Value with all attached equipment/and any modifications made since purchase 9 Aircraft Type (check all that apply) Fixed-wing Glider Rotor-wing Single-engine Balloon Multi-engine 10 Does this aircraft burn combustible fuel? Yes, type No 11 Normal Control Manually flown Semi-autonomous Fully autonomous 12 Type of launch Traditional takeoff Hand Rail Other (please describe) 13 Type of recovery Traditional landing Parachute Net/Line capture Other (please describe) 14.1 Weight of UAS (Specify lb) 14.2 Maximum Gross Take-off Weight (including installed/carried equipment & payload [Specify lb/Kg]) 15 Wingspan/Rotor Diameter (Specify cm, in, feet, or meters) 16 Maximum Endurance (in hours) 17 Maximum Operating Altitude (in feet) 18 Maximum Range (Specify feet, yards, meters, miles, or kilometers) 19 Maximum Speed (in nautical mile per hour) 20 Does UAS have the ability to independently detect/avoid other aerial traffic? Yes No 21 In the event of a lost link between the ground control station and the aircraft, does the UAS contain an automated recovery program that allows for it to safely return to a predetermined point? Yes No 22 Are there redundancies built in for the aircraft's propulsion system? Yes No 23 Are there redundancies built in for the aircraft's flight control surfaces? Yes No 24 Are there redundancies built in for the aircraft's navigation/communication systems? Yes No 25 Aircraft Manufacturer's website 26 Website (e.g., YouTube) where video of UAS can be viewed 27 Associated payload (example: number and types of cameras, etc.) 28 Describe manufacturer's aircraft and payload specifications

29 Describe your preventive maintenance plan, general repair practices, and sourcing for replacement parts

30 Identify the owner of the aircraft

C. UAS Operator Information

UAS Operator information is required for EACH Operator. (Duplicate this section as necessary for multiple operators.) Attach a copy of your pilot certification as required by the FAA (Exhibit D). Complete the reaminder of Section C ONLY IF the UAS being operated is owend by the University of Nebraska.

1 UAS	Operator Name					
2 UAS	Operator Emergency Contact Phone Num	ber at Time of Flight				
3 Indic	3 Indicate the qualifications of each operator.					
а	Is the operator a certificated pilot?	Yes		No		
b	If a certificated pilot:					
	Airman Certificate Number					
	Limitations					
с	c CURRENT PILOT CERTIFICATES AND RATINGS					
	Student: Since (date)					
	Private	Commercial				
	Airline (ATP)	Rotocraft				
	Instrument					
	Single Engine – Land	Single Engine – Sea		Center Line Thrust		
	Multi-Engine-Land	Multi-Engine – Sea				
	Instructor	Type Rated in (type of aircraft)			
	Glider	Light Sport Aircraft		A&P Mechanic		
	Other					
4 If n o	t a certificated pilot:					
а	Have you successfully completed an FAA	A (or equivalent) Private Pilot gro	ound instruction	course?		
	Yes	No				
b	b If you answered "yes" to the question above, have you passed the FAA (or equivalent) Private Pilot					
	written examination?					
	Yes (date passed)	No				
5 Does	s the individual hold a current and valid me	dical certificate				
	Yes	No				
	If yes: Class	Expiration Date	Limitations			
6 Date	manufacturer's training for specific UAS t	to be insured was completed				
7 ADE	DITIONAL TRAINING APPLICABLE TO) UNMANNED AIRCRAFT				
Name and Location of school/training/other provider						
	UAS Model(s)					
	Date Completed					
	Check all the apply:	Initial Manufacturers Training				
		Recurrency Training				
		Crew Resource Management (CRM)			
		Simulator Proficiency/Recurre	nt			

UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY					
Itemized Pilot-In-Command / Primary Operator Experience with Unmanned Aircraft					
UAS Group	Make(s) & Model(s)	Number of Missions Flown/Landed/Recoveries			
		Total	Last 90 Days	Last 30 Days	Last 12 Months
Insured Make and Model			/ /	/ /	/ /
GROUP 1 (MGTOW 0-20 lbs.)			/ /	/ /	/ /
GROUP 2 (MGTOW 21-55 lbs.)			/ /	/ /	/ /

8	Have you ever had an aircraft claim, incident or accident?	Yes	No	
9	Have you ever been cited or fined for violation of an aviation regulation?	Yes	No	
10	Has your pilot certificate ever been suspended or revoked?	Yes	No	N/A

D. Proposed Date(s) and Time(s) of UAS use

E. Location and Area of Use Information

1 Proposed location(s). Attach map of flight area(s). (Exhibit A)

2 Property owner(s) of proposed locations(s)

3 Proximity of proposed location(s) to inhabited areas such as campus structures, residential or business districts, etc.

4 Describe protocols for notifying adjacent property owners

F. Funding Source(s) for the Purchase and Use of UAS

G. I have attached my UNK Site Specific FAA 333 Exemption or FAA Certificates of Waiver or Authorization (COA) or Special Air Worthiness Certificate (SAC). (Exhibit B)

H. I have attached Insurance Certificates which reflect: (Exhibit C)
 Occurrence based UAS Liability Insurance of \$1 million per occurrence
 General Liability insurance of \$1 million per occurrence and \$3 million aggregate
 Board of Regents named as "Additional Insured"
 Policies include coverage for personal injury
 Waiver of subrogation language is included in the policies
 Policies are primary and non-contributory
 Insured will provide 30-days notice of cancellation



Signature Approval for Unmanned Aircraft Systems (UAS) Commercial Drone Companies and Civil Users

I have read and am in compliance with the University of Nebraska Executive Memorandum. I understand that any violation of university policies or student code of conduct by an individual will be administered in accordance with applicable university policies and procedures. Additionally, individuals who violate this policy may be subject to civil or criminal penalties and the seizure of UAS by campus police or security. Fines, damages, and claims against individuals who violate this policy may be the responsibility of that individual.

Preliminary Approval

Final Approval

Company Print Title	Date	Company (certifying all necessary approvals have been obtained)	Date
Project Leader Print Title	Date	Project Leader (certifying all necessary approvals have been obtained)	Date
UNK Department Chair Print Title	Date		Date
UNK Dean/Director Print Title	Date	UNK Dean/Director * *	Date
UNK Police Department Print Title	Date	UNK Police Department * *	Date
UNK Sponsored Programs & Research Dev. Print Title	Date	UNK Sponsored Programs & Research Dev. * *	Date
UNK Risk Management Print Title	Date	UNK Risk Management * *	Date
UNK Vice Chancellor, Business and Finance	Date	UNK Vice Chancellor, Business and Finance * Print and Title Only if Different from Preli	Date

Exhibit A - Map of Flight Area (Application Section E.1)

Exhibit B - UNK Site Specific FAA 333 Exemption or FAA Certificates of Waiver or Authorization (COA) or Special Airworthiness Certificate (SAC) (Application Section G)

Exhibit C - Insurance Certificates must be attached. (Application Section H)

Exhibit D - Pilot Certification as required by the FAA (Application Section C)