

UNC - Pembroke Unmanned Aircraft System (UAS) Approval

BRIEF PROPOSED US	SE/PURP	POSE OF FLIGHT:						
PILOT	NAME:	<u>:</u>	PHONE:		EMAIL:			
UNIVERSITY DEPARTMENT AFFILIATION	NAME:	·	PHONE:		EMAIL:			
UAS OWNER (if different from above)	NAME:	<u>:</u>	PHONE:		EMAIL:			
USE/ACTIVITY TYPE:		EDUCATION	RESEARCH	THIRDPARTY	/ PUBLIC	SAFETY		
FLIGHT TIMES:	DATE	START TIME	END TIME					
ACTIVITY OVERVIEW: In detail (who, how, when, where, why)								
OPERATOR INFORMATION	<u>ON</u>	FAA REMOTE PILOT CI	ERTIFICATION NUMBER	₹:				
UAS SPECIFICATIONS		NC OPERATORS PERMIT NUMBER:						
		FAA UAS REGISTRATIC	N NUMBER:					
		UAS MAKE/MODEL:						
		MAXIMUM ALTITUDE:_						
	MAINTAINED ALTITUDE:							
		MAXIMUM VELOCITY (I	MPH) (not to exceed):					
		UAS SIZE (in)/WEIGHT (lbs):					
		IMAGING (still/video) FO	OLIIPMENT:					



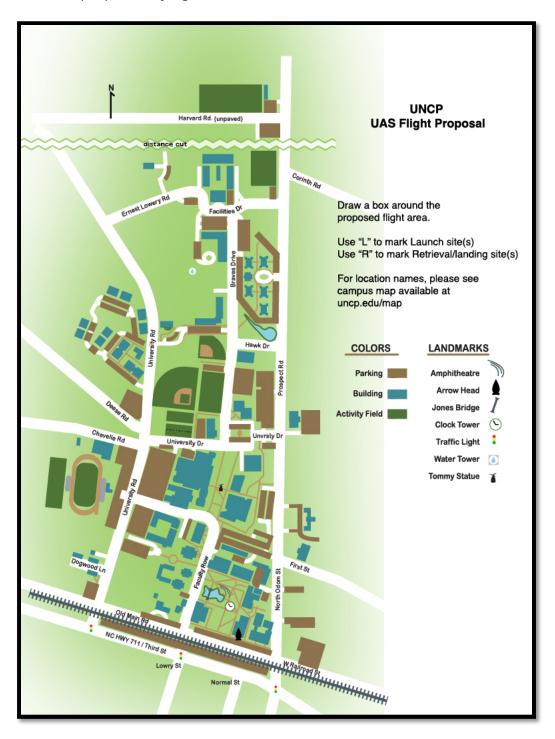
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For individuals seeking permission to fly from or over university property, please mark your proposed flight plan on the following map. If your flight will take place over a UNC - Pembroke property other than main campus, please submit an additional map of that area.

L: Launch Site

R: Retrieval/landing site

Draw a box around the proposed flying area.





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Please initial next to the following	items:						
I understand all FAA and	I understand all FAA and NCDOT UAS regulations and will adhere to these regulations during my flight.						
		nent use by the FAA and NCDOT and hav copy of your FAA and NCDOT licenses to					
I will adhere to the flight	plan as permitted by UNC – Pemk	oroke's UAS Approval Committee.					
I have reviewed UNC – Pe	embroke's Policy on Unmanned Air	craft Systems and agree to adhere to it.					
Print Name	Signature						
	along with all supplemental docum	nents, to <u>safety@uncp.edu.</u>					
APPROVAL:	Chie	of Police	Date				
	Dire	ctor of Communications and Marketing	Date				
	Envii	ronmental Health and Safety Professional	Date				
	Prove	ost Designee	Date				
	 Rese	arch Compliance Officer	 Date				