

UNMANNED AIRCRAFT SYSTEMS (UAS) USE REQUEST FORM
Missouri State University

Individual Requesting UAS use: _____

Location requested for UAS use: _____

Check one: Indoor Outdoor

Location requested for launch/flight control purposes: _____

Check one: Indoor Outdoor

Date(s) of UAS Use: _____ Desired Duration: From _____ to _____

Requesting non-daylight use: Yes No

Name of UAS pilot(s): _____ (attached additional pages if necessary)

For each pilot indicate the following:

Age: _____ (must be at least 16)

Valid Remote Pilot Airman Certificate: _____ (attach a copy)

Purpose for Flight:

Academic/Research: _____ Marketing/Advertising: _____ Other: _____

Sponsoring University Department/College: _____

(All Academic / Research UAS use will require College Dean /Department Head approval)

Please explain the purpose of flight and nature of UAS use (attach additional pages to explain if necessary):

Description of UAS device:

Make/Model: _____

FAA Registration number: _____

Weight: _____(lbs)

List of third-party devices / attached to UAS (attach additional pages if necessary):

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Form must be signed by a Faculty / Staff member of the University Community.

Person Submitting Request (Print Name)	Faculty/ Staff (Print Name)
Signature of Person Submitting Request	Signature of Faculty/Staff
Address	Address
Phone Number	Phone Number
E-Mail Address	E-Mail Address

College Dean / Department Head Approval: _____ Date: _____

By signing above, the person / organization submitting the request agrees to and will abide by all University policies governing the use of University facilities. By signing above, the person submitting this request warrants that the UAS complies with all applicable federal certification requirements or other federal and state laws, including but not limited to, any regulation of the Federal Aviation Administration. The University reserves the right to request additional documentation regarding compliance as a condition of approval. **You understand that you are financially responsible for any property damage or personal injuries, including, without limitation, death that may be caused by the use and operation of a UAS, except to the extent limited by Missouri law.**

For questions email JMitchell@MissouriState.edu or call 417/836-8507

For Official Use Only	

Approving Authority for UAS use	
Title _____	Phone: _____
Approved Date: _____	