

UNIVERSITY *of* INDIANAPOLIS

Drone/Unmanned Aircraft Systems (UAS) Approval Form

Form instructions: Please fill out all sections of this form. When complete, email the form to risk@uindy.edu. After review, the Office of Risk Management will contact you regarding your proposed operation.

Applicant Contact Information:

Name _____ Email _____

Department/Company/Organization _____

Phone Number (office) _____ (mobile) _____

Address _____

City _____ State _____ Zip _____

If the applicant is not a UIndy employee, who is your UIndy point of contact?

UAS Information:

UAS type: ☐ Fixed-wing ☐ Multirotor ☐ VTOL ☐ Other

UAS Make/Model _____

URL to UAS Specifications _____

UAS FAA Registration Number _____

Pilot in Command (PIC) Name _____

PIC Mobile phone _____

Remote Pilot Certificate Number _____

Proposed Operation: ☐ Recreational ☐ Research ☐ Commercial

Location _____

Start date: _____ State time: _____

End date: _____ End time: _____

Please attach proof of insurance that is in compliance with the policy.

Describe your proposed operation in detail. Describe your project's purpose and goals. List any special requirements your project may have.