

**SUNY CANTON
DRONE FLIGHT APPLICATION FORM**

Commercial/Research Use of Small Drones

SECTION 1. FLIGHT SUMMARY *(to be completed by Remote Pilot-In-Charge or University Sponsor/Project Leader)*

Flight Location <i>Attach map</i>	
Flight Date(s) and Time(s)	

SECTION 2. SIGNATURES

I have read, understood, and agree to comply with SUNY Canton's "Drone Operation Policy." I understand that any violation of the SUNY Canton Drone Operation Policy or any other applicable policy or code of conduct by an individual will be dealt with in accordance with applicable policies and procedures and may result in the termination of any current or prior approvals for Small Drone use, ineligibility to obtain future approval, and other sanctions or remedies that may be permitted by applicable law, policy, or contract. Additionally, individuals who violate this policy may be subject to civil or criminal penalties and the seizure of the drone by University Police. Fines, damages, and claims against individuals who violate this policy may be the responsibility of that individual.

PIC/Sponsor/Project Leader	<i>Name</i>	<i>Date</i>	<i>Signature</i>
Dept Chair/Director	<i>Name</i>	<i>Date</i>	<i>Signature</i>
Public Relations*	<i>Name</i>	<i>Date</i>	<i>Signature</i>
Dean**	<i>Name</i>	<i>Date</i>	<i>Signature</i>
Vice President**	<i>Name</i>	<i>Date</i>	<i>Signature</i>

**Required only for flights outside of Safe Fly Zone*

***Required for all experimental activities*

SECTION 3. APPLICATION ATTACHMENTS *Check all that apply*

<input type="checkbox"/> FAA Remote Pilot Certificate (if required)	<input type="checkbox"/> FAA COA certificate(s) of waiver/authorization (if applicable)
<input type="checkbox"/> FAA Aircraft Registration Certificate for Drone	<input type="checkbox"/> Proof of liability insurance*
<input type="checkbox"/> Third-Party Property Owner Flight Approval Forms (if applicable)	

**Applicable to non-University Affiliated PIC's only*

APPLICATION REVIEW *[FOR OFFICIAL USE ONLY]*

Environmental Health & Safety	<i>Name</i>	<i>Date</i>	<i>Signature</i>
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FLIGHT PERMIT *[FOR OFFICIAL USE ONLY]*

<input type="checkbox"/> Approved	Drone Flight Permit #	<input type="checkbox"/> Denied	<i>(Reason)</i>
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The drone permit issued by EH&S is specific to PIC, aircraft, location, dates/times, and flight purposes indicated in the application. Vendors and third-party drone operators may only request flight permits on a per-flight basis. Members of the University Community may request a flight permit covering multiple flights over a longer period of time (up to a year) for the same PIC, aircraft, location(s), and purpose. *NOTE: Drone flight operations conducted for a different purpose or in a location other than that specified in the original permit will require either a new permit application or an amendment to the existing one.*

SECTION 4. FLIGHT DETAILS (to be completed by Pilot-In-Charge and University Sponsor/Project Leader)

Property Owner(s) at proposed location	(If other than URI, attach completed Flight Permission Form[s] for all property where the drone will be operated.)		
Purpose of Drone Operation <i>Check all that apply</i>	Advertising/Marketing Aerial Testing/Demonstration Atmospheric/Weather Research Building Maintenance Cargo/Freight Carrying Construction/Engineering	Crop Management Education/Training Environmental Monitoring Film/Video Production Mapping Public Safety Functions	Real Estate Sales Surveillance Wildlife Observation Thermal Imgry/Ground Sns Utility/Pipeline Inspection
	Other use(s) not listed above Describe the specific purpose(s) and objective(s) of the above identified drone operation including the type of data, photos, or videos to be collected and for what purposes they are intended to be used.		

SECTION 5. SPONSORSHIP INFORMATION (to be completed by University Sponsor/Project Leader)

University Sponsor	Name	Department	
	Email	Campus Phone	Emergency/Cell Phone

SECTION 6. PILOT (OPERATOR) INFORMATION (to be completed by Pilot-In-Charge)

Name			
Company	(if applicable)		
Contact Information	Email	Campus Phone	Emergency/Cell Phone
	Mailing Address	City	State Zip
FAA Certification	Remote Pilot Airman Certificate Number	Expiration Date	
Questions	Have you ever had an aircraft accident, incident, or claim?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever been cited or fined for a violation of an aviation regulation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has your pilot certificate ever been suspended or revoked?		Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 7. AIRCRAFT (to be completed by Remote Pilot-In-Charge)

Ownership	Aircraft Owner	Date Purchased
General Information	Make/Brand	Model
	Weight (lb, kg)	Wingspan/Rotor diameter (cm, in, ft, m)
		Aircraft Type Rotary Wing Max. Flight Endurance (min, hr)
Identification	FAA Registration Number	Manufacturer's Serial Number
	Description of Aircraft (if SN not available)	