

Stevens Point WI 54481-3897 715-346-2618; Fax: 715-346-3780

UW-STEVENS POINT UAS-OPERATOR APPLICATION FORM

Please note that the questions below are asked solely for the purpose of determining the safety and legality of the flight.

O Faculty and Staff O Student O Non-UW Operator
1. Applicant Name
2. Applicant's University of Wisconsin Affiliation (i.e., Department, Center, etc.)
3. UW-Stevens Point Project Name/Description:
4. UW-Stevens Point Project Manager:
5. Remote Pilot in Command Affiliation (if RPIC is other than Applicant)
6. Copy of Remote Pilot Certificate or Pilot Certificate
7. Summarize UAS flight experience of RPIC(i.e., number of logged flight hours)
8. UAS Make and Model and FAA Registration Number
9. Area(s) of Operation: Address + Radius (mi) or Latitude/Longitude Coordinate + Radius (mi) or encompassing Latitude/Longitude points (rectangular plot)
10. Dates and Times of Intended Flights
11. What is the purpose of the flight(s)? For example, will the UAS be used for research, teaching, student
activities or other purposes?
12. Is a waiver from any of the Part 107 regulations required for the planned operation? If so, why, and has the
waiver been obtained?

13. Will the UAS be used to collect data? If so,
- What kind of data?
- Where will it be maintained?
14. Will the UAS be used to transport a payload?
- What is the payload?
- Why is it being transported?
- What is the payload and USA total weight?(lbs)
- Is it more than 55lbs in total?
15. Please list the number of people, names and each operational role for each person who will be involved with
each flight. Please include pilots, camera/sensor operators, people being filmed and observer.
16. Will there be any non-participants in the operational area? If so, please explain
17. Will the flights occur over or near any persons, animals or buildings?
18. Please describe the safety plan to prevent and respond to injuries to persons, animals or property.

19. Please describe the plan to mitigate any potential privacy concerns of non-participants.				
20. Please describe your plan to obtain written property-owner permissions from anyone whose property wi	ill be			
21. Please describe the data-management plan for flight log data				
- Who will manage it?				
- Where will it be maintained?				
22. Please describe your accident and incident reporting procedures				
As a condition of receiving authorization to operate a UAS on/over University lands as described [name of consultant/contractor] ("Contractor")				
agrees to the following:	·			
1. Contractor agrees that any photos or images of UW-Stevens Point premises and buildings taken by the U	JAS wil			

not be used for marketing or promotional purposes without separate written permission of University.

University of Wisconsin –Stevens Point Risk Management UAS Operator Application Form

2. Contractor agrees to maintain flight records of all L	JAS flights authorized hereunder	, and to provide UW-Stevens
Point with a copy of any FAA accident reports and re	levant UAS flight data upon requ	est.
3. Contractor affirms that all flights will be conducted	in full compliance with applicab	le FAA regulations and state
and local law.		
4. Contractor agrees to indemnify the UW-Stevens	s Point from any damage or li	ability arising from the UAS
operations.		
Name of Authorized Contractor Signatory (print name	e) — Date	
Signature		
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ADDITIONAL DECLIDENTATION FOR CONCULTANT	TO/O ONTO A OTO DO OD MONU	open 4 Topo
ADDITIONAL REQUIREMENTS FOR CONSULTAN	TS/CONTRACTORS OR NON-	UW OPERATORS
Please enclose the following with this form: 1. Copy of Remote Pilot Certificate for RPIC		
 Copy of Insurance Certificate covering UAS opera Confirmation of purchasing contract for Consulta 		nins Consultant / Contractor
specific requirements outlined in this policy (agreeme reports and relevant UAS flight data upon request), as	nt to maintain flight records and	provide copy of FAA accident
be conducted in full compliance with applicable FAA		
UW-Stevens Point Approvals		
Risk Management Signature	Date	