



Sam Houston State University

A Member of The Texas State University System
Office of Research and Sponsored Programs

Unmanned Aircraft Systems (UAS) Application/Approval Request Form

This form must be completed and submitted to sharla_miles@shsu.edu for review by the UAS Advisory Committee no less than five (5) business days, prior to the proposed purchase or use of an UAS on University property. The requestor will receive a response within five (5) business days of receipt.

SECTION 1: REQUESTOR/APPLICANT INFORMATION

Applicant Name: First _____ M.I. _____ Last _____

Affiliation: University *Non-University/Third Party

University Department Sponsor/Organization: _____

Mailing Address: _____

Contact Phone #: _____ E-mail Address: _____

SECTION 2: PURPOSE of UAS REQUEST/PROPOSED ACTIVITY

Please provide the full details of flight purpose (i.e., education, research, promotion, etc.), including identity of UAS operator(s) and/or flight team. Depending upon your described UAS use and activities, other University departments or officials may be required to approve and could delay the approval process, if these departments/officials have not already provided approval. Marketing and Mass Communications must approve any videography, photography or recording.

Flight Location(s): _____ Event: _____

Flight Date(s): _____ - _____ Time(s): _____ - _____



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SECTION 3: UAS DESCRIPTION

Type/Model: _____

Weight/Dimensions: _____ Power Source Serial #: _____

Previous Request Approved: YES /Approval Date: _____ NO /Denial Date: _____

UAS Registered with FAA: YES /Registration #: _____

Photographs, Video, or Recording During Flight(s): YES NO

UAS Equipped with Geo-Fencing?: YES NO

Operating Under a Certificate of Authorization COA)?: YES NO

Liability Insurance?: YES NO

Certificate of Insurance and/or COA Attached?: YES NO

**Third Party or Non-University users are required to show proof of insurance in the form of a Certificate of insurance (COI) which lists the Texas State University System Board of Regents and Sam Houston State University as additional insured.*

***Pilots in Command (PIC): Pilots in Command (PIC) have full control for all UAS flight operations and must have an [FAA remote pilot certificate](#), [FAA Small Unmanned Aircraft Regulations \(Part 107\)](#), or an [FAA Airman Certificate and/or Rating Application](#) with a current [FAA third-class airman medical certificate](#) or a valid U.S. driver's license issued by a state, the District of Columbia, Puerto Rico, a territory, a possession, or the Federal government.*

Applicant Signature: _____ Date: _____

By signing this Application/Approval Request Form, the individual/entity submitting this request agrees to and will abide by all University policies governing the use of Unmanned Aircraft Systems on or above University property or sponsored events. A copy of this form must be in possession of the operator at all times during the activity and upon request, must be presented to any University official or representative with control or jurisdiction over the activity. The University reserves the right to request additional documentation as a CONDITION of APPROVAL and operation. In addition, any operator violating any portion of the University's [Unmanned Aircraft Systems \(UAS\) Policy, PRE-27](#), will be held accountable for their actions.

SECTION 4: ENVIRONMENTAL HEALTH, SAFETY & RISK MANAGEMENT RESPONSE

REQUEST APPROVED: YES NO

Comments or operation requirements are below and must be observed. If not approved, the decision summary is outlined below.

DATE(S) APPROVAL is VALID: _____

Approver Signature: _____ Date: _____