



# 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](mailto: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

Select the option(s) below that apply:

- Purchase – indicate the quantity of drones to be purchased: \_\_\_\_\_
- Operational (Provide complete flight plans below. Plans must include: flight dates and times, maximum altitude, and general location.)

- Extended Operational Use (Include justification below):

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.

### 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: UNMANNED AIRCRAFT SYSTEM COMMITTEE RESPONSE**

**REQUEST APPROVED: YES            NO**

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

          <b>DATE(S) APPROVAL IS VALID: _____</b>
---

**Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_**