UNIVERSITY of HOUSTON SYSTEM

UAS/Drone Permit Application - Visitor/Unaffiliated

This UAS Permit Application and all supporting documents should be completed by the Requestor and submitted to drones@central.uh.edu a minimum of seven (7) days prior to any proposed UAS operation on any UH System property or at any System or University sponsored event. Additional review time may be necessary for some operations depending upon the complexity of the request. Failure to provide all requested information could result in a delay. Proposed Location: UH (Central) UH Clear Lake UH Downtown UH Victoria Off-Site (explain in Sec 2) ☐ Sugar Land Campus ☐ Katy Campus Other UH System Property (explain in Sec 2) Pearland Campus SECTION 1: REQUESTOR/ PILOT INFORMATION Organization Name (if applicable):_____ _____ City: _____ State: ____ Zip: _____ Physical Address: _____ Name of Primary Contact: Contact's Phone: Contact's Email Address: ___ Website Address: UH System/University Point of Contact or Dept. (if applicable): _____ Is the Pilot a U.S. Citizen/Lawful U.S. Resident? Yes No Pilot's Email: Pilot's Cell: Pilot's FAA Remote Pilot License Number: _ . A licensed remote pilot must be present at all times, and a photocopy of their Remote Pilot's License must be submitted as part of the application. Any additional pilots and the names & contact information for all crew members should be submitted along with this application. What is the purpose of the operation? Research/Education Commercial Recreation Government/Public Under which FAA rules do you intend to operate? Part 107 Exemption (coA/44807/333, etc.) Recreational Exemption documentation must be submitted along with the application. Recreational operators must successfully complete The Recreational UAS Safety Test (TRUST) before operating on any UHS property or at any UHS sponsored event, and must submit a copy of their completion certificate along with their application. Name of UAS/Aviation Insurance Carrier: ____ The UAS owner must provide the following: 1) Proof of UAS/aviation liability insurance of no less than \$1 million, 2) Name the UH System and applicable university as additional insureds, and 3) Include a waiver of subrogation in favor of the UH System and applicable university. **Any adjustments or waivers to the coverage terms shall be coordinated through and determined by the Department of Risk Management.** **SECTION 2: PURPOSE OF REQUEST / PROPOSED ACTIVITY** Date(s) of Activity: Starting Time: Ending Time: Is this a recurring request? ☐Yes ☐ No Specific Location(s): Provide full details of the operation's purpose and scope below. Include specific location and/or coordinates where operation will occur, planned flight path(s), safety measures, and other relevant details. Include any special requests, and proposed backup dates/ times in the event of inclement weather. Additional approvals may be required depending upon the intended use and activities associated with the proposed UAS operation. Will photographs be taken during flight? Yes No Will video be recorded during flight? Yes No Will you be flying in controlled airspace?

Yes*

No * Unless flying under an exemption, all operators must obtain ATC approval (via LAANC or DroneZone) prior to flight and must follow all FAA-issued directives for operations in controlled airspace. Does the aircraft have any reported accidents? Yes No Describe contingency plans for malfunction or loss of radio contact and/or loss of UAS:

SECTION 3: Unmanned Aircraft (U	A) Information			
UA Type:	Manufacturer/N	1odel:		
RID Serial Number:	Weight	(at Take-Off): FA	AA Registration Numb	oer:
Effective Sept 16, 2023, drones must be compliant with the FAA's Remote ID requirements. The serial number of the drone's RID broadcast module must be provided above. Descriptions of any additional drones that will be used as well as any other equipment and payloads that may be attached, must also be submitted along with this application. Include photos of each drone, showing the visible FAA registration tag(s).				
SECTION 4: Requestor/ Pilot Acknow	ledgement and	Signature		
The Requestor, its officers, directors, employees, contractors and subcontractors, agents and representatives (individually and collectively, "Requestor") shall abide by all applicable local, state, and federal laws and regulations and applicable University of Houston System (UHS) and University policies and procedures. By signing this application, Requestor agrees to be responsible for and release, indemnify and hold the University of Houston System, its universities, regents, officers, employees, agents, and representatives (individually and collectively) harmless for any claims, damages, losses, suits, demands, causes of action of whatever kind and nature, costs or expenses, fines, penalties, damages, or liabilities, including attorneys' fees, caused by Requestor's negligence, breach of express or implied contract, violation of law, policies and/or any license or permit, misrepresentations in this application, and intentional misconduct arising from or associated in any way with Requestor's presence and/or activities conducted on UHS property and/or at UHS events, and/or Requestor's use and/or operation of unmanned aircraft/drones. Requestor shall require that any contractors, subcontractors, agents and representatives involved in any way with the operation or use of unmanned aircraft specified in this UAS/Drone Permit Application agree in writing to the terms stated in this Section 4.				
Name/Title of Primary Contact (Requestor/ F	Pilot)		Date	
Signature				
SECTION 5: Authorization Status				
Export Control Review (if required):	Approved	Not Approved	Not Applicable	е
Print Name:	Signature	:		Date:
Risk Management Review (if required):	Approved	Not Approved	Not Applicable	e
Print Name:	Signature	:		Date:
Permit Approved: Yes No	Conditionally	y—see below		
Any comments or adjustments required for approsummary of the decision is outlined below. The U condition of approval of the application.				
Approved by:				
Signature, Assistant Vice Chancellor of Police or Designee	e Operations	Date	Print Name	

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