Southern Illinois University
Unmanned Aircraft Systems Use Application

This application is required for all university administrative, research and instructional use of unmanned aircraft vehicles or systems (UAS) that is conducted by any employee or representative of the University, including faculty, staff, and students. Institutional approval must be obtained prior to the commencement of the use of any UAS.

This application does not supersede any permitting requirements of the FAA or other agency. No UAS can be operated on campus or under the auspices of the university without the appropriate internal approvals.

Date: _____

Project Name: _____

☐ New Project

☐ Change to Existing Project (All revisions must be highlighted on the application form.)

☐ Extension or renewal of an existing project (Highlight all new information.)

Project Description (i.e. security use, marketing, disaster assessment, field work, airframe testing, etc…):

Key Personnel

Key Project Personnel (include anyone who will be present during flights, as well as anyone with access to the data after the flights)

Name	**Role**	**SIU Affiliation (faculty, student, etc.)**	**Email address**	**Telephone #**
	Responsible University Employee (required)			

College/Department:_____

Mailing Address:_____

Has funding been approved for this activity? ☐Yes ☐No
Funding Agencies Supporting this Activity (public or private):_____

Proposed Project Dates: _____
(project beginning date) (project completion date)

Anticipated First Flight Date: _____

UAS Pilots[1]

List all persons who will regularly control the UAS during its operations:

Name	Role	SIU Affiliation (faculty, student, etc.)	Email address	DOB	Date of FAA UAS Certification
	Remote Pilot-in-command (required)				

For anyone not affiliated with the University, provide the following on a separate attachment to this application:

Employer, occupation, years employed, education.

Complete a standard insurance UAS Pilot/Operator Qualifications Form for each operator if one is not already on file with the university.

Project Description

Executive Summary of Project:

Project Purpose (include a detailed description of the anticipated use of the UAS):

[1] The Remote Pilot-in-Command of a UAS flight PIC must meet the qualification requirements of the FAA.

If the operation of the UAS is for a course, provide the number and title of the course:

_____

If the operation of the UAS is for a course, provide a schedule of when the UAS will be operated both indoors and outdoors as a separate attachment.

Risks Associated with Project (provide a detailed discussion of the risks and benefits associated with the project):

UAS Description

Has the UAS been registered within the university system? If Yes, provide the registration/inventory number: _____ FAA Registration # _____

If the UAS has not been registered with the university system, please complete a separate UAS Registration Form

Where is UAS normally stored? (Address)_____

Describe security measures in place at location of storage._____

_____

Estimated number of hours UAS will be flown in the coming 12 months on this project. _____

Estimated number of flights/missions in the coming 12 months on this project. _____

Type(s) of Sensor Systems to be Utilized

For each of the following check yes or no. In the space provided, please provide a description of the maximum resolution/range available and the level of detail visible/audible at various heights. (Please note: You may be asked to provide examples of images, video stills, etc. taken from altitudes at which the UAS will be flown for this activity.)

Digital camera:☐Yes☐No

Description:

_____

Video camera: ☐Yes☐No

Description:

_____

Infrared camera:☐Yes ☐No

Description: _____

Microphone: ☐ Yes ☐ No

Description: _____

Other (list type, name, and manufacturer): _____

Description: _____

Type of Software to be Utilized in Handling, Management, and Use of Data

In the space provided, please provide a thorough description of the intended handling, management, and use of the data and the software systems that will be used to support this work.

Are you aware of any export restrictions that apply to the UAS or any of its components? If yes, please describe.

Data Management and Security

Please provide a detailed description of the type of data you will be recording during UAS operations. If you will be maintaining any data beyond the UAS operation, please provide a detailed explanation of your data storage and access plan, including where and how data will be stored, how long data will be stored, who will have access to the data, and how data will be destroyed.

Project Location

Will the UAS be flown only inside an enclosed structure? ☐ Yes ☐ No

Where is the indoor location – specify building, street address and room number? _____

Location of Outdoor Operations (please be specific – provide GPS coordinates if possible):

_____

Distance from nearest airport (specify units)_____

Is this Location: ☐ Urban ☐ Rural Populated ☐ Rural Unpopulated

Is this Location: ☐ University-owned ☐ Private property ☐ Government-controlled

If the property is privately-owned or government-controlled, provide the name and contact information

of the owner or government agency. _____

Do you have signed permission to fly a UAS over private or government property? ☐Yes ☐No
Please provide a copy of the signed agreement or a letter providing permission.

Will the UAS be flown in inclement weather? ☐ After dark?☐

What additional privacy safeguards will be in place during flights?

- ☐ Buffer zone (list approximate size of the buffer zone): _____
- ☐ Notifications to adjoining property owners:_____
- ☐ Other:_____

How many visual observers will be present for a typical flight? _____
Maximum distance the UAS will fly from ground station? Specify units. _____
Maximum altitude the UAS will be flown (feet). _____
Longest anticipated duration of any single flight (hours). _____

Altitude Range for UAS Operations: _____FEET AGL TO _____FEET AGL.
Will the UAS be used outside of the United States? ☐ Yes ☐ No
Will the UAS be flown outside of Illinois? ☐ Yes List other states where it will be flown.
_____

Please provide a copy of the UAS operating manual (or a link to an online manual).

Please attach a copy of the SIU UAS checklist assuring that you have addressed all items on the checklist.

By signing this application, you are verifying that the information provided on this application, checklist and attached information is accurate and that the project will be completed as indicated. Any changes to the project must be approved.

_____ _____
Signature of Responsible University Employee/Project Director Date

Please return a copy of the completed application and any attachments to the appropriate office on your campus:
Office of Sponsored Projects Administration, Woody Hall, 453-4540, ospa@siu.edu
Office of Research and Projects, Rendleman Hall, Room 2202; 618-650-3010

INTERNAL REVIEW:

☐ Approved ☐ Conditional Approval (modifications required)
☐ Disapproved

COMMENTS:

_____ _____

Vice Chancellor for Research, SIUC Date

OR

_____

Office of Research and Projects, SIUE Date

A copy of all approved applications will be forwarded to the Responsible University Employee's dean and chair. No flight can take place before the application is approved.