

# Southern Illinois University Edwardsville

## Unmanned Aircraft Systems Use Application Form

This application is required for all university administrative, research and instructional use of Unmanned Aircraft Vehicles (UAV) or Unmanned Aerial 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 Federal Aviation Administration (FAA) or other agency. No unmanned aerial vehicle (UAV) can be operated on campus or off campus for university related activities without the appropriate approvals.

Date: \_\_\_\_\_

### **I. Key Personnel**

List the key personnel on the project here. Include pilots and designated visual observers, as well as anyone with access to the data after the flights. If a large group, please list additional individuals on a separate document and attach.

Name	Role	SIUE Affiliation (faculty, student, etc.)	College/Dept	Email and Phone	Temporary Airman Certificate Expiration date
	Responsible SIUE Employee (required)				

Complete a standard insurance ["UAS Pilot/Operator Qualifications Form"](#) for each operator if one is not already on file with the University.

### **II. Project Information**

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_

Project Purpose: \_\_\_\_\_  
\_\_\_\_\_

**III. Flights**

List in the chart below each anticipated flight for this project. (If more space is needed, please list additional flights on a separate document and attach.)

Specify below if flight(s) are for a course.

List Course Number if applicable, otherwise state N/A	Specify Term when flight will occur	Proposed Project Beginning & Ending Dates & times	Anticipated Flight Date(s) & time(s)	Anticipated <u>Alternate</u> Flight Date(s) & time(s) in case(s) of inclement weather

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

\_\_\_\_\_

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

**IV. Flight Location**

**A.** Will the UAS be flown on campus or off campus? If off campus, continue to section B.

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

If yes, please complete a) and b):

a) Specify location (provide building name, street address and room number, etc.)

\_\_\_\_\_

b) Contact SIUE Facilities Management Office at: 618-650-3711.

If outdoors, specify location: (Be specific – provide detailed description and GPS coordinates, if possible):

\_\_\_\_\_

**B. Off Campus Flights**

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

Provide location including detailed description and GPS coordinates if possible:

\_\_\_\_\_

Provide the distance from nearest airport if within 5 miles (specify units) \_\_\_\_\_

What is the air space classification for the study area? Please check up to date Aeronautical Charts or refer to the app [Air Map](#) for up to date air classifications. (Choices here can be B, C, D, E, G, or Other [with blank].

If flying in B, C, D, Restricted or Prohibited Airspace, has a waiver been obtained? Please explain:

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

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Do you have signed permission to fly a UAS over private or government property?

Yes       No

If Yes, attach a copy of the signed agreement or a letter providing permission.

#### **V.      Flight Conditions**

Will the UAS be flown in inclement weather?     Yes     No

Will the UAS be flown after dark?     Yes     No

Does this flight require any additional waivers (e.g. no visual observer, high speed required, flight from moving vehicle, etc.). If so, please explain and attach associated waiver.

How many visual observers will be present for this flight? \_\_\_\_\_

Maximum distance the UAS will fly from ground station? (Specify units.) \_\_\_\_\_

Altitude Range for UAS Operations: \_\_\_\_\_ ft. above ground level (AGL) to \_\_\_\_\_ ft. AGL.

**Note: Maximum height level allowed is 400 ft. from the ground OR within 400 ft. from the top of a structure (e.g. 400 ft. up from the top of a roof). Anything above 400 ft. requires an FAA waiver.**

#### **VI.      UAS Description**

UAV Manufacturer Serial Number: \_\_\_\_\_

UAV FAA Registration Number: \_\_\_\_\_

The UAS must be registered with the university. If you have not already done so, please complete a separate [UAV Registration form](#) and submit it along with this form.

Estimated number of hours UAS will be flown in the coming 12 months. \_\_\_\_\_

Estimated number of flights/missions in the coming 12 months. \_\_\_\_\_

**VII. Type(s) of Sensor Systems to be Utilized**

For each of the following items, check yes or no and provide a description, make, and model.

**Digital camera:** Yes  No

Description:

**Video camera:** Yes  No

Description:

**Infrared camera:** Yes  No

Description:

**Microphone:** Yes  No

Description:

**Other:** Yes  No

Description:

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

Provide a thorough description of the intended handling, management, and use of the data and the software systems you will use to support this work.

**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.

**Certification & Review Information:**

By signing this form, you are verifying that the information provided in this application, and any additional attached information, is accurate and that the project will be completed as indicated. Any changes to this project must be approved by submitting this form and selecting on page 2 either "Change to Existing Project" or Extension or "Renewal of an Existing Project."

\_\_\_\_\_  
Signature of Responsible SIUE Employee

\_\_\_\_\_  
Date

**Submit form to: The Graduate School, Southern Illinois University Edwardsville,  
Rendleman Hall, Box 1046 (attn: Linda Skelton) or [lskelto@siue.edu](mailto:lskelto@siue.edu).**

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INTERNAL REVIEW:

<input type="checkbox"/>
<input type="checkbox"/>

Approved

Disapproved

Conditional Approval (modifications required)

COMMENTS:

\_\_\_\_\_  
Jerry B. Weinberg  
Associate Provost for Research and  
Dean of the Graduate School

\_\_\_\_\_  
Date

**No flight can take place before the application has been approved.**