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**Small UAS Operations Approval Form**

**Name of Requestor:**       **Title:**

**Email address:**      **AES** **[ ]  CES** **[ ]**

**Department:**       **Official Station:**

**Department/Unit Head Name:**       **Email:**

**Remote Pilot Certificate Number:**       **Date of Issue (MM/DD/YY):**

**Dates of Requested Operation (MM/DD/YY):**       **to**       **Time:**       **hrs;**

      **to**       **Time:**       **hrs;**       **to**       **Time:**       **hrs;**       **to**       **Time:**       **hrs;**

      **to**       **Time:**       **hrs. The AVP, Unit Head, and location contact must be notified by email in changes of schedule. See attached [ ]  Yes [ ]  No**

**Will operations occur on University of Arkansas Division of Agriculture Property?** **[ ]  Yes** [ ]  **No**

**Location**

**(Example: Field W1B at Southeast Research and Extension Center, Rohwer, AR)**

**Latitude:**       **Longitude:**        **Class “G” airspace?** **[ ]  Yes** **[ ]  No**

 **\*Please list specific coordinates for operation**

**Has a NOTAM been filed for the flight? YES [ ]  NO [ ]**

**Approved by the location contact, farm manager, or Station Director** [ ]  **Yes** [ ]  **No**

**Location of contact, farm manager, or Station Director:**

**Name of Contact:**       **Phone and/or Email:**

**Signature of person making request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_**

By signing above, the person/organization submitting the request agrees to, and will abide by, all University of Arkansas System policies governing the use of University of Arkansas System facilities for outdoor spaces and air space. A copy of the approved reservation form must be at the event at all times and must be presented to any University official with authority over the location, if requested. By signing above, the person submitting this request warrants that the UAS complies with all applicable federal certification requirements or other federal and state laws, including, but not limited to, any regulations of the Federal Aviation Administration. **I understand that I am financially responsible for any property damage or personal injuries, including, without limitation, death that may be caused by my use and operation of a UAS over University property except to the extent limited by University policy and/or Arkansas law.** The use and operation of an UAS is strictly regulated by the Federal Aviation Administration.

**APPROVALS**

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Dept./Unit Head

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Associate Vice-President