

**PACIFIC LUTHERAN UNIVERSITY  
UNMANNED AIRCRAFT SYSTEM (DRONE) USE APPLICATION**

- Application must be submitted to [fadmin@plu.edu](mailto:fadmin@plu.edu) at least 4 weeks prior to planned flight.
- Operator must possess a copy of the approved application at all times during flight activity.
- PLU maintains the authority to suspend any activity deemed not in compliance or in the best interest of the University.

Name of Operator: \_\_\_\_\_

PLU Dept. or Company Name: \_\_\_\_\_

Address/City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Contracted – PLU Dept.: \_\_\_\_\_

PLU Dept. POC: \_\_\_\_\_

UAS Make/Model/Description \_\_\_\_\_

FAA Registration #: \_\_\_\_\_

Purpose of Operation: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Time(s) of Operation: \_\_\_\_\_

Please submit the following with this application:

Description of flight plan, including operational area of flight.

Remote Pilot – Small UAS Certification

Contracted operations: fully-executed contract

Contracted operations: Certificate of Insurance

Data collection plans, and intended use of data collected.

***By signing, I attest the above and supplied information is correct to the best of my knowledge. I also attest I have read PLU’s Unmanned Aircraft Systems (Drones and Model Aircraft) Policy and the PLU UAS (Drone) Use Approval Process and will comply. I confirm that I have coordinated with McChord Tower in accordance with the Policy and understand that I am personally responsible for any costs associated with my failure to comply with PLU policy and FAA regulations.***

Operator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLU RISK MANAGEMENT APPLICATION REVIEW		PLU CAMPUS SAFETY APPLICATION REVIEW	
Approved: _____	Denied: _____	Approved: _____	Denied: _____
Comments: _____		Comments: _____	
Reviewed By: _____		Reviewed By: _____	
Review Date: _____		Review Date: _____	