* 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: | |