



**SMALL UNMANNED AIRCRAFT SYSTEM (sUAS) "COMMONLY REFERRED TO AS DRONES"  
APPROVAL REQUEST FORM**

**This form must be submitted to the Associate Vice Chancellor for Administration and Finance no later than two weeks prior to the intended date of sUAS operation on the UCCS campus.**

Is request for (please check one):

- Commercial or Business Operation?  Hobbyist?  Research, Education or Service

Affiliation:  Current UCCS faculty or staff  Current UCCS student  Non-university

Name of organization or individual requesting approval: \_\_\_\_\_

Organization's or individual's address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of primary contact: \_\_\_\_\_

Requested date(s) and time(s) of sUAS operation on the campus (multiple dates may be requested but shall not be for more than one academic semester): \_\_\_\_\_

sUAS type and model #: \_\_\_\_\_

FAA Registration sUAS # (if required): \_\_\_\_\_ (please attach photograph of sUAS)

Weight of sUAS without payload \_\_\_\_\_ with payload \_\_\_\_\_

Does the requestor possess a remote pilot's license?

- Yes  No

Purpose of Request:

Location(s) of proposed sUAS activity:

If photography, videography, or audio recording is involved in this request, additional reviews and approvals may be required prior to approval being provided.

Will photography , videography , or audio recording  be taken during sUAS activity?  Yes  No

Explain how the use of the sUAS meets the mission of UCCS:

Explain how the insurance requirements will be met (*not required for University sponsored research, education, or service*):

Will the sUAS be modified in any way from its original manufactures specifications? If so, please explain:

Explain how the FAA Regulations will be met pertaining to:

Required permits:

Flight plan requirements (*not required for hobbyist as long as airports within a 5 miles radius have been notified*):

Safe Operation of sUAS:

By signing below I attest that I am knowledgeable and experienced in the flight and operation of the sUAS(s) listed above. I agree to abide by all university policies governing the use of sUAS on or over UCCS property or sponsored event. A copy of the approved sUAS Request Form must be in possession of the operator at all times during the activity, and must be presented to any university official or representative with control or jurisdiction over the activity, upon request. The university reserves the right to request additional documentation as a condition of this approval and operation. In addition, any UAS operator violating any portion of the UCCS UAS policy, will be held accountable for their actions.

Submitted by \_\_\_\_\_  
Name of person requesting

Date \_\_\_\_\_

Reviewed by \_\_\_\_\_  
Office of SPRI (for research purposes)

Date \_\_\_\_\_

Comments from OSPRI:

Reviewed by \_\_\_\_\_  
Office of the Provost (for educational purposes)

Date \_\_\_\_\_

Comments from Office of the Provost:

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Office of Student Activities (for hobbyist use as a student or student club)

Comments from OSA:

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Associate Vice Chancellor for Administration & Finance

Comments from AVCAF:

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Sr. Vice Chancellor for Administration & Finance

Comments from SVCAF: