



THE OFFICE OF ACADEMIC AFFAIRS

Unmanned Aircraft Systems (UAS) Request Form

This UAS Request Form must be completed and submitted to osurisk@osu.edu for review and approval by the UAS Advisory Committee (UASAC) prior to any UAS operations on university property or at any university sponsored event. University faculty, staff, graduate associates, students, or others conducting operations on behalf of the university must submit this document not less than two (2) weeks in advance of flight operations. Individuals who are not affiliated with the university or who are not conducting university sponsored operations must submit this form not less than three (3) weeks in advance of flight operations. The Requestor will receive a UASAC response within 10 working days of request receipt. Prior to submission of this form, the Requestor must review the Unmanned Aircraft Systems policy go.osu.edu/uas-policy. Any omission of information requested in this form may result in a delay of processing.

SECTION 1: REQUESTOR INFORMATION

Applicant Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Affiliation: University (Current University Faculty, Staff, Graduate Associate or Student) [ ] Non-University [ ]

OSU Department or Sponsor/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.), including identity of UAS operator(s) and/or flight team. Depending on your intended use and activities associated with the use of your UAS, there may be other university approvals required before you can operate your UAS on university property or at university events. For example, any activities that involve videography, photography or recording must first be approved through the Office of University Communications as well as Trademark and Licensing Services and may be subject to an Export Review.

[Empty box for flight purpose details]

Specific Location of Activity: \_\_\_\_\_

Date(s) of UAS Activity: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Is this a Blanket Request: Yes [ ] No [ ] Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

If so, What is the estimated occurrence of activity (weekly, monthly, conditionally)? \_\_\_\_\_

SECTION 3: UAS DESCRIPTION

Type/Model of UAS: \_\_\_\_\_

Weight/Dimensions: \_\_\_\_\_ Power Source/Serial #: \_\_\_\_\_

Previous Request Approved Yes [ ] No [ ] If Yes, Date of Previous Approval: \_\_\_\_\_

UAS Registered with FAA Yes [ ] No [ ] If Yes, Registration Number: \_\_\_\_\_

Photographs taken during flight    Yes     No                       Video recorded during flight                      Yes     No   
Equipped with Geo-fencing            Yes     No                       Operating under a COA/333                      Yes     No

I have attached a Certificate of Waiver or Authorization (COA), and/or other relevant documentation for this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, the individual/entity submitting this request agrees to and will abide by all university policies governing the use of Unmanned Aircraft Systems on or over university property or sponsored event. A copy of the approved UAS 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 approval and operation. In addition, any operator violating any portion of the University Unmanned Aircraft Systems (UAS) Policy, will be held accountable for their actions.

**SECTION 4: UAS ADVISORY COMMITTEE RESPONSE**

Request Approved                      Yes     No

Signature \_\_\_\_\_

UAS Advisory Committee comments or requirements for operation are listed below and must be observed. If not approved, a summary of the decision is outlined.