

DRONE OPERATION APPROVAL FORM

FORM INSTRUCTIONS

Approval for drone operations conducted on or outside a University campus must be sought from the Associate Director, Technical Support Services. The Associate Director, Technical Support Services will maintain a list of approved drone operations.

For outdoor flights, once the drone operation is approved, all required documentation must be submitted to the University's Remotely Piloted Aircraft Commercial License Holder, Overall Photography, via your personalized credentials supplied in your approved Drone Operator Application.

For indoor flights on a University campus, approval is also required from the relevant University space owner.

For information regarding this process, please see the **Drone webpage**.

APPLICANT CONTACT IN ORMAT	011						
SURNAME:		GIVEN NAME(S):					
STAFF OR STUDENT #:		CONTACT NUMBER:					
(IF APPLICABLE)		CONTACT NOWIBER:					
DIVISION / SCHOOL:							
(IF APPLICABLE)							
AVIATION REFERENCE NUMBER (ARN):							
REMOTE PILOT LICENSE CLASSES:							
REMOTE PILOT CERTIFICATE NUMBER:							
DRONE OPERATION							
DESCRIPTION OF DRONE OPERATION(S):							
PROPOSED DRONE FLIGHT DATES AND TIMES:							
IS THIS OPERATION FOR A LEGITIMATE UNIVERSITY ACTIVITY?			Yes		No		
HAVE YOU ATTACHED A RISK ASSESSMENT FOR THIS DRONE OPERATION?			Yes		No		
HAVE YOU ATTACHED YOUR APPR	OVED DRONE PILOT APPLICATION?	Y	es es	No	N/A		
IF NOT APPLICABLE, ATTACH EVIDENCE OF A LICENSE OR CERTIFICATION AS A DRONE PILOT BY CASA AND INSURANCE COVER.							
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CONSULTATION AND ENDORSEM	ENT							
IF DRONE OPERATIONS MAY BE US	NAL PURPOSES, HAS							
EXECUTIVE DIRECTOR, MARKETING BEEN CONSULTED?			Yes	No				
WILL DRONE OPERATIONS TAKE PLACE ON CAMPUS AND/OR FOR EMERGENCY AND CRISIS								
MANAGEMENT PURPOSES?		Yes	No					
IF YES, ENDORSEMENT MUST BE SOUGHT FROM DIRECTOR, CAMPUS SAFETY AND SECURITY								
PILOT ACKNOWLEDGEMENT AND SIGN OFF								
YOU ACKNOWLEDGE THAT YOU UNDERSTAND AND WILL ABIDE BY LAWS, RULES AND REGULATIONS RELATING TO DRONES IN THE PROSTECTION YOU INTEND TO OPEN TO UNITED. THE PROSTECTION YOU INTEND TO UNITE								
THE JURISTICTION YOU INTEND TO OPERATE IN.								
YOU ACKNOWLEDGE THAT DRONE PILOTS ARE PROHIBITED FROM OPERATING DRONES TO CONDUCT WORKPLACE SURVEILLANCE								
OR TO COLLECT, STORE OR USE PERSONAL INFORMATION ABOUT INDIVIDUALS (INCLUDING IMAGES) IN BREACH OF THE								
UNIVERSITY'S PRIVACY POLICY AND PRIVACY MANAGEMENT PLAN.								
YOU ACKNOWLEDGE THAT YOU UNDERSTAND THAT YOU ARE REQUIRED TO SEEK APPROVAL FOR INDIVIDUAL DRONE								
OPERATIONS THROUGH THE UNIVERSITY'S REMOTELY PILOTED AIRCRAFT COMMERCIAL LICENSE HOLDER (REOC), AND MUST								
COMPLY WITH THE REOC'S OPERATIONS MANUAL AND UNIVERSITY DRONE POLICY.								
SIGNATURE:		DATE:						
ENDORSEMENT FOR ON-CAMPUS	AND/OR EMERGENCY AND CRISIS	MANAGEMENT OPERATIONS						
NAME:		DATE:						
POSITION:		SIGNATURE:						
			•					
APPROVAL FOR DRONE OPERATI	ON							
NAME:		DATE:						
POSITION:		SIGNATURE:						