UNIVERSITY of HOUSTON SYSTEM

UAS/Drone Permit Application - Visitor/Unaffiliated

This UAS Permit Application and all supporting documents should be completed by the Requestor and submitted to <u>drones@central.uh.edu</u> a minimum of seven (7) days prior to any proposed UAS operation on any UH System property or at any System or University sponsored event. Additional review time may be necessary for some operations depending upon the complexity of the request. Failure to provide all requested information could result in a delay.

| Proposed Location: UH (Central) UH Clear Lake | UH Downtown UH Victoria | Off-Site (explain in Sec 2) |
|--|--|----------------------------------|
| 🗌 Sugarland Campus 🗌 Katy Campus 🗌 Pearlan | nd Campus 🔄 Other UH System Pro | Operty (explain in Sec 2) |
| SECTION 1: REQUESTOR INFORMATION | | |
| Organization Name (if applicable) : | | |
| Physical Address: | | State: Zip: |
| Name of Primary Contact: | Contact's Phone No: | |
| Contact's Email Address: | Website Address: | |
| UH System/University Point of Contact or Dept. (if applicable): | | |
| Is the Primary Contact also the pilot? Yes No If N | o, provide pilot's full name: | |
| Pilot Email: | Pilot Phone Number: | |
| Pilot's FAA Remote Pilot License Number: | | |
| What is the purpose of the operation? Research/Education | ion 🗌 Commercial 🗌 Recreation | Government/Public |
| Under which FAA rules do you intend to operate? Part Exemption documentation must be submitted along with the application. Ref (TRUST) before operating on any UHS property or at any UHS sponsored even | ecreational operators must successfully complete | |
| | | |

Name of UAS/Aviation Insurance Carrier: _____

Standard Insurance Requirements: 1) Proof of UAS/aviation liability insurance of at least \$1 million dollars single limit of liability coverage, per accident, for bodily injury and property damage. 2) Name the Board of Regents for and on behalf of the UH System and applicable university as additional insureds up to the actual policy limits, and 3) Endorsed to provide a waiver of subrogation in favor of the Board of Regents of the UH System and applicable university. Any adjustments or waivers to the coverage terms shall be coordinated through and determined by the Department of Risk Management.

SECTION 2: PURPOSE OF REQUEST / PROPOSED ACTIVITY

Provide full details of the proposed operation's purpose and scope. Include <u>specific location</u> and/or coordinates where operation will occur and other relevant details, including planned safety measures. Include any special requests, and backup dates/times in the event of inclement weather. Additional approvals may be required depending upon the intended use and activities associated with the proposed UAS operation.

| Date(s) of Activity: | Starting Time: | Ending Time: | |
|---|-----------------------------------|---------------------------------------|--|
| Specific Location(s): | | Is this a recurring request? Yes No | |
| Additional Information: | | | |
| | | | |
| | | | |
| Will photographs be taken during flight? Yes N | No Will video be reco | rded during flight? 🗌 Yes 🗌 No | |
| Will you be flying in controlled airspace? 🗌 Yes * 🗌 No 🔺 Unless flying under an exemption, all operators must obtain ATC approval (via | | | |
| LAANC or DroneZone) prior to flight and must follow all FAA-issued direc | tives for operations in controlle | d airspace. | |
| Does the aircraft have any reported accidents? | No No | | |
| Describe contingency plans for malfunction or loss of radio | o contact and/or loss of U | IAS: | |
| | | | |

SECTION 3: Unmanned Aircraft (UA) Information

UA Type: ______ Manufacturer/Model: _____

Weight (at Take-Off): ______ FAA Registration Number: ______

Descriptions of any additional UAs, as well as any other equipment and payloads that will be attached to the UAs, must also be submitted along with this application. Include photos of each UAV that will be operated with the affixed FAA registration tag(s) visible.

SECTION 4: Requestor Acknowledgement and Signature

The Requestor, its officers, directors, employees, agents and representatives (individually and collectively, "Requestor") agree to abide by all applicable local, state, and federal laws and regulations and applicable University of Houston System (UHS) and University policies and procedures. By signing this application, the Requestor agrees to be responsible for its own negligence, breach of express or implied contract, violation of law, and intentional misconduct with respect to any and all claims, losses, suits, demands, causes of action of whatever kind and nature, proceedings, fines, penalties, damages or liabilities, including attorney's fees, on account of or by reason of any injury or injuries, and/or death, to any person(s) or property arising from or associated in any way with Requestor's presence at, and/or activities/conducted on UHS property and/or at UHS events, and/or Requestor's use and/or operation of unmanned aircraft/drones.

| Name/Title of Primary Contact (Requestor) | | Date | | |
|--|-----------------------|---|----------------|--|
| | | | | |
| Signature | | | | |
| SECTION 5: Authorization Status | 5 | | | |
| Export Control Review (if required): | Approved | Not Approved | Not Applicable | |
| Print Name: | Signature: | | Date: | |
| Risk Management Review (if required): | Approved | Not Approved | Not Applicable | |
| Print Name: | Signatur | e: | Date: | |
| Permit Approved: Yes No Any comments or adjustments required for app summary of the decision is outlined below. The condition of approval of the application. | roved operation are s | | | |
| Approved by: | | | | |
| Signature, Associate Vice Chancellor of Poli or Designee | ice Operations | Date | Print Name | |
| | | / 4800 Calhoun, Houston T∉ DRONES@central ub edu | xas 77004 | |