

**Application for Unmanned Aircraft Systems (UAS)  
Commercial Drone Companies and Civil Users**

Permit # \_\_\_\_\_

*Commercial Companies and Civil UAS operators must have a fully-executed Operating Agreement with the University of Nebraska prior to any and all UAS services conducted on or above property owned or controlled by the University.*

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**Required Data Elements**

**Project Leader**

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Campus Phone Number \_\_\_\_\_  
Emergency Contact Number (Cell) \_\_\_\_\_

**Department Details**

Department Name \_\_\_\_\_  
Campus Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

**Commercial Company or Civil UAS User**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

**Project Summary**

**A. Justification or Purpose**

1 Purpose of Use (Check all applicable uses)

- |  |  |
|--|--|
| Advertising/Marketing                    | Public Safety - Police, Fire, Emergency Management   |
| Aerial Testing/Demonstration             | Homeland Security/Military (Non-combat)              |
| Atmospheric/Weather Research             | Mapping  |
| Building Maintenance/Real Estate Sales   | Photography/Video/Film Prod./Marketing/Communication |
| Cargo/Freight Carrying                   | Pipeline/Powerline Patrol                            |
| Construction/Engineering/Industrial      | Surveillance   |
| Crop Management/Extension                | Thermal Imagery/Ground Sensing                       |
| Education/Training                       | Wildlife Observation                                 |
| Other uses not indicated above (explain) |  |

2 Describe specific objectives of UAS use, including the type of data, photos or video to be collected

3 Describe how the UAS achieves these objectives

4 Identify the authority under which UAS operations will be conducted (COA, 333 Exemption, SAC, Authorization from requisite foreign civil aviation authority, or Part 107)

**B. Proposed Aircraft Type and Weight**

1 Aircraft platform (aircraft type [fixed wing, etc.] \_\_\_\_\_

2 Make and Model \_\_\_\_\_

3 Registration Number (if applicable) \_\_\_\_\_

4 Manufacturer Serial Number \_\_\_\_\_  
If aircraft has no registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim  
\_\_\_\_\_

5 Date Purchased \_\_\_\_\_

6 New or Used \_\_\_\_\_

7 Price Paid \_\_\_\_\_

8 Present Estimated Value with all attached equipment/and any modifications made since purchase \_\_\_\_\_

9 Aircraft Type (check all that apply)

Fixed-wing	Glider
Rotor-wing	Single-engine
Balloon	Multi-engine

10 Does this aircraft burn combustible fuel?

Yes, type \_\_\_\_\_ No

11 Normal Control

Manually flown \_\_\_\_\_ Semi-autonomous \_\_\_\_\_ Fully autonomous \_\_\_\_\_

12 Type of launch

Traditional takeoff \_\_\_\_\_ Hand \_\_\_\_\_ Rail \_\_\_\_\_

Other (please describe) \_\_\_\_\_

13 Type of recovery

Traditional landing \_\_\_\_\_ Net/Line capture \_\_\_\_\_ Parachute \_\_\_\_\_

Other (please describe) \_\_\_\_\_

14.1 Weight of UAS (Specify lb) \_\_\_\_\_

14.2 Maximum Gross Take-off Weight (including installed/carried equipment & payload [Specify lb/Kg]) \_\_\_\_\_

15 Wingspan/Rotor Diameter (Specify cm, in, feet, or meters) \_\_\_\_\_

16 Maximum Endurance (in hours) \_\_\_\_\_

17 Maximum Operating Altitude (in feet) \_\_\_\_\_

18 Maximum Range (Specify feet, yards, meters, miles, or kilometers) \_\_\_\_\_

19 Maximum Speed (in nautical mile per hour) \_\_\_\_\_

20 Does UAS have the ability to independently detect/avoid other aerial traffic? Yes No

21 In the event of a lost link between the ground control station and the aircraft, does the UAS contain an automated recovery program that allows for it to safely return to a predetermined point?

Yes No

22 Are there redundancies built in for the aircraft's propulsion system? Yes No

23 Are there redundancies built in for the aircraft's flight control surfaces? Yes No

24 Are there redundancies built in for the aircraft's navigation/communication systems?

Yes No

25 Aircraft Manufacturer's website \_\_\_\_\_

26 Website (e.g., YouTube) where video of UAS can be viewed \_\_\_\_\_

27 Associated payload (example: number and types of cameras, etc.) \_\_\_\_\_

28 Describe manufacturer's aircraft and payload specifications  
\_\_\_\_\_

29 Describe your preventive maintenance plan, general repair practices, and sourcing for replacement parts  
\_\_\_\_\_

30 Identify the owner of the aircraft \_\_\_\_\_

**C. UAS Operator Information**

*UAS Operator information is required for EACH Operator. (Duplicate this section as necessary for multiple operators.) Attach a copy of your pilot/remote pilot certification as required by the FAA (Exhibit D). Complete the remainder of Section C ONLY IF the UAS being operated is owned by the University of Nebraska.*

1 UAS Operator Name \_\_\_\_\_

2 UAS Operator Emergency Contact Phone Number at Time of Flight \_\_\_\_\_

3 Indicate the qualifications of each operator.

a Is the operator a certificated pilot? Yes No

b If a certificated pilot:

Airman Certificate Number \_\_\_\_\_

Limitations \_\_\_\_\_

c CURRENT PILOT CERTIFICATES AND RATINGS

Student: Since (date) \_\_\_\_\_

Private Commercial

Airline (ATP) Rotocraft

Instrument \_\_\_\_\_

Single Engine – Land Single Engine – Sea Center Line Thrust

Multi-Engine-Land Multi-Engine – Sea

Instructor Type Rated in (type of aircraft) \_\_\_\_\_

Glider Light Sport Aircraft A&P Mechanic

Other \_\_\_\_\_

d If not a certificated pilot, does the operator hold a remote pilot certificate? Yes No

4 If **not** a certificated pilot or remote pilot:

a Have you successfully completed an FAA (or equivalent) Private Pilot ground instruction course? Yes No

b If you answered “yes” to the question above, have you passed the FAA (or equivalent) Private Pilot written examination?

Yes (date passed) \_\_\_\_\_ No

5 Does the individual hold a current and valid medical certificate

Yes No

If **yes**: Class \_\_\_\_\_ Expiration Date \_\_\_\_\_ Limitations \_\_\_\_\_

6 Date manufacturer’s training for specific UAS to be insured was completed \_\_\_\_\_

7 ADDITIONAL TRAINING APPLICABLE TO UNMANNED AIRCRAFT

Name and Location of school/training/other provider \_\_\_\_\_

UAS Model(s) \_\_\_\_\_

Date Completed \_\_\_\_\_

- Check all the apply:
- Initial Manufacturers Training
  - Recurrency Training
  - Crew Resource Management (CRM)
  - Simulator Proficiency/Recurrent

**UNMANNED AIRCRAFT PILOT/OPERATOR EXPERIENCE AND CURRENCY**

**Itemized Pilot-In-Command / Primary Operator Experience with Unmanned Aircraft**

UAS Group	Make(s) & Model(s)	Number of Missions Flown/Landed/Recoveries			
		Total	Last 90 Days	Last 30 Days	Last 12 Months
Insured Make and Model			/ /	/ /	/ /
GROUP 1 (MGTOW 0-20 lbs.)			/ /	/ /	/ /
GROUP 2 (MGTOW 21-55 lbs.)			/ /	/ /	/ /

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 8  | Have you ever had an aircraft claim, incident or accident?                 | Yes | No |     |
| 9  | Have you ever been cited or fined for violation of an aviation regulation? | Yes | No |     |
| 10 | Has your pilot certificate ever been suspended or revoked?                 | Yes | No | N/A |

**D. Proposed Date(s) and Time(s) of UAS use**

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**E. Location and Area of Use Information**

1 Proposed location(s). Attach map of flight area(s). (Exhibit A)

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2 Property owner(s) of proposed locations(s)

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3 Proximity of proposed location(s) to inhabited areas such as campus structures, residential or business districts, etc.

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4 Describe protocols for notifying adjacent property owners

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**F. Funding Source(s) for the Purchase and Use of UAS**

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**G. I have attached my Site Specific FAA 333 Exemption, FAA Certificates of Waiver or Authorization (COA), Special Air Worthiness Certificate (SAC), or Authorization from requisite foreign civil aviation authority if applicable. (Exhibit B)**

**H. I have attached Insurance Certificates which reflect: (Exhibit C)**

Occurrence based UAS Liability Insurance of \$1 million per occurrence  
 General Liability insurance of \$1 million per occurrence and \$3 million aggregate  
 Liability policies shall name the Board of Regents as "additional insured" and include coverage for personal injury.  
 Statutory Workers' Compensation insurance with employer's liability coverage of \$1 million and an alternate employer endorsement, where applicable.  
 Waiver of subrogation language is included in the policies  
 Policies are primary and non-contributory  
 Insured will provide 30-days notice of cancellation

**Signature Approval for Unmanned Aircraft Systems (UAS)  
Commercial Drone Companies and Civil Users**

I have read and am in compliance with the University of Nebraska Executive Memorandum. I understand that any violation of university policies or student code of conduct by an individual will be administered in accordance with applicable university policies and procedures. Additionally, individuals who violate this policy may be subject to civil or criminal penalties and the seizure of UAS by campus police or security. Fines, damages, and claims against individuals who violate this policy may be the responsibility of that individual.

***Preliminary Approval***

**Final Approval**

Company \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_  
(certifying all necessary approvals have  
been obtained) \_\_\_\_\_

Project Leader \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Project Leader \_\_\_\_\_ Date \_\_\_\_\_  
(certifying all necessary approvals have  
been obtained) \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dean/Director \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Dean/Director \_\_\_\_\_ Date \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Office of Research & \_\_\_\_\_ Date \_\_\_\_\_  
Economic Development \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Office of Research & \_\_\_\_\_ Date \_\_\_\_\_  
Economic Development \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Police Department or Security \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Police Department or Security \_\_\_\_\_ Date \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Risk Management \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_  
Title \_\_\_\_\_

Risk Management \_\_\_\_\_ Date \_\_\_\_\_  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Vice Chancellor, \_\_\_\_\_ Date \_\_\_\_\_  
Business and Finance \_\_\_\_\_

Vice Chancellor, \_\_\_\_\_ Date \_\_\_\_\_  
Business and Finance \_\_\_\_\_

\* Print and Title Only if Different from Preliminary

***Exhibit A - Map of Flight Area (Application Section E.1)***

***Exhibit B - Site Specific FAA 333 Exemption, FAA Certificates of Waiver or Authorization (COA), Special Air Worthiness Certificate (SAC), or Authorization from requisite foreign civil aviation authority, if applicable. (Application Section G)***

***Exhibit C - Insurance Certificates must be attached. (Application Section H)***

***Exhibit D - Pilot/Remote Pilot Certification as required by the FAA (Application Section C)***