



Date Submitted: \_\_\_\_\_

# North Central College

## UAS Flight Application for Institutional Use

### Pilot Information

Name: \_\_\_\_\_

Flight Date: \_\_\_\_\_

ID#: \_\_\_\_\_

FAA Remote Pilot Airmen Certificate (circle one):

Department: \_\_\_\_\_

Yes

No

Reason for Flight: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### UAS Specifications

Make: \_\_\_\_\_

Wingspan: \_\_\_\_\_

Model: \_\_\_\_\_

Operational Range: \_\_\_\_\_

Weight: \_\_\_\_\_

FAA Registration Number: \_\_\_\_\_

### Flight Specific Information

Have you attached a map of the operational area? (circle one):

Yes

No

Type of data to be recorded: \_\_\_\_\_

This data must be provided to the institution at the conclusion of the flight. (Initial) \_\_\_\_\_

I acknowledge awareness of appropriate laws and regulations pertaining to UAS Flight.

(circle one)

Yes

No

Department of Campus Safety: \_\_\_\_\_

Departmental AVP Approval: \_\_\_\_\_