



# UAS (Drone) Use Application

- Application must be submitted to [riskmgmt@bgsu.edu](mailto:riskmgmt@bgsu.edu) at least 2 weeks prior to planned flight
- Operator must possess a copy of the approved application at all times during flight activity
- Notification using online tool is required ONE DAY PRIOR to flight (and ONE WEEK prior for Protected Access Zone flights). See Risk Management website <https://www.bgsu.edu/risk-management/uas--drone--use.html> for details

Name of Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

BGSU Dept/Company: \_\_\_\_\_ Email: \_\_\_\_\_

If Vendor, BGSU Contracting Dept: \_\_\_\_\_

UAS Description including Weight: \_\_\_\_\_

FAA Registration #: \_\_\_\_\_ Purpose of Operation: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Time(s) of Operation: \_\_\_\_\_

Will flight occur in Protected Access Zone (reference Drone Flight Map on Risk website) No \_\_\_\_ Yes \_\_\_\_  
If Yes, which Protected Zone? Zone A \_\_\_\_ Zone B \_\_\_\_ Zone C \_\_\_\_

Will students without a Remote Pilot Certificate be operating under the supervision of the named operator as part of a credit course? No \_\_\_\_ Yes \_\_\_\_ Approx. # of students \_\_\_\_\_

**Please submit the following with this application:**

- Description of flight plan, including operational area of flight
- Proof of FAA Authorization (Remote Pilot Certificate, COA or 333)
- Vendor operations: submit signed contract
- Vendor Operations: submit Certificate of Insurance
- Data collection plans, and intended use of data collected

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing, I attest the above and supplied information is correct to the best of my knowledge. I also attest I have read BGSU Policy # 3341-6-50 and the UAS (Drone) Use Approval Process and comply.

BGSU Risk Management Application Review	
Approved: _____	Denied: _____
Submit online notification in advance of flight: 1 week ____ 1 Day ____	
Reviewed By: _____	Review Date: _____
Comments: _____	