

BALL STATE UAS/DRONE USAGE APPLICATION



Use this form to register your UAS with Risk Management or to request approval to operate a UAS on/over university facilities

Please provide the following information:

Name(s) of operator(s): _____
Affiliation (Faculty, Staff, Student, 3rd Party): _____
Phone: _____
Email: _____
Hobbyist/Recreational Use? Y or N _____
If Commercial Vendor, name of BSU _____
Contracting Department: _____
Type of UAS including weight: _____
Year Purchased (if BSU funded): _____
Purchase Price (if BSU funded): _____
FAA Registration Number (if applicable): _____
Purpose of planned flight: _____

Date(s) of operation: _____
Time(s) of operation: _____

Detailed Flight Plan Required:
*** Include each physical location and the flight times for each location.**

UAS Certificate Number: _____
Date Issued: _____

Has this UAS and UAS pilot been previously approved by the Office of Risk Management? _____

REQUIREMENTS:

All Operators:

1. Application must be submitted to orm@bsu.edu at least 14 calendar days prior to first use of the UAS.
2. Operator must follow detailed flight plan. Any changes must be submitted and approved by the Office of Risk Management.
3. Notification to Delaware County Regional Airport is required within 24 hours of a flight.
4. Model Aircraft must be landed immediately if an Air Medical Helicopter flight is approaching the IU Health BMH Helipad.

Commercial Operators:

1. Submit detailed flight plan, and intended use of collected data.
2. Submit proof of FAA Authorization (i.e. Remote Pilot Certificate, COA or 333).
3. Submit copy of signed BSU contract, and certificate of insurance.

Operator Signature: _____

Date: _____