

# University of Missouri

## MU Unmanned Aircraft Systems (UAS) Request Form (Revision 8: June 2023)

This UAS Request Form is for the use on the contiguous MU Campus Only and must be completed and submitted to [muehsoffice@missouri.edu](mailto:muehsoffice@missouri.edu) for review and permit approval prior to any UAS operations on university property, at any university sponsored event or university sponsored use. **This form is NOT applicable for spaces controlled by CAFNR or performed by MU Extension. Contact Dusty Walter for a copy of that process.** All applicants must submit this form at least two (2) weeks in advance. Requestors must comply with any other applicable University policies, including but not limited to the [Campus Filming & Photography Procedures](#). Prior to submission of this form, the Requestor must review the MU Policy for Unmanned Aircraft (<https://ehs.missouri.edu/work/uas>). **Any omission of information requested may result in a delay of processing.**

### SECTION 1: REQUESTOR INFORMATION

Applicant Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
Affiliation: University (Current University Faculty, Staff, Graduate Associate or Student) Non-University (must provide insurance in Step 4)  
Department or Sponsor/Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose and flight zone (education, research, promotional, etc.), including identity and contact information of UAS operator(s) and/or flight team. Depending on your intended use and activities associated with the use of your UAS, there may be other university approvals required before you can operate your UAS on university property or at university events.

Range of flight zone: \_\_\_\_\_

Type of flight: \_\_\_\_\_ Number of hours experience with proposed equipment: \_\_\_\_\_

Date(s) of UAS Activity: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Is FAA Waiver required? Yes No If yes, attach waiver.

Will UAS operation be conducted within 2000 feet of...

...MU University Hospital? Yes\* No

...MU Women's Hospital? Yes\* No

*\*If YES for either, these requests must be made at least 72 hours in advance or will be automatically denied. If approved, the requester is required to call Air Evac Communication Center at 844-682-2734 immediately prior to takeoff and immediately after landing.*

**(Blanket Approvals: See Section 3c on page 3 for more info.)**

**SECTION 3: UAS DESCRIPTION**

Type/Model of UAS: \_\_\_\_\_

Weight/Dimensions: \_\_\_\_\_ Power Source/Serial #: \_\_\_\_\_

Previous Request Approved      Yes      No      If Yes, Date of Previous Approval: \_\_\_\_\_

UAS Registered with FAA      Yes      No      If Yes, Registration Number: \_\_\_\_\_

Pilot Licensed by FAA      Yes      No      If Yes, FAA License Number: \_\_\_\_\_

Photographs be taken during Flight      Yes      No      Video be recorded during flight      Yes      No

UAS equipped with Geo-fencing      Yes      No      Operating under a COA/333      Yes      No      (if yes, attach)

**SECTION 4: SIGNATURE/CERTIFICATION**

**REQUIRED ATTACHMENTS:** I have attached the applicable documentation for this request which may include evidence of Remote Pilot Airman Certificate, insurance certificate of at least \$1,000,000 naming the University as Additionally Insured, and UAS FAA registration. All flights must remain at least 300 feet (or outside the fence, whichever is further) from the MU Research Reactor. Filming on University property must follow the Campus Filming policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, the individual/entity submitting this request agrees to and will abide by all university policies governing the use of Unmanned Aircraft Systems (UAS) on or over university property or sponsored event. A copy of the approved UAS Request Form must be in possession of the operator at all times during the activity, and must be presented to any university official or representative with control or jurisdiction over the activity, upon request. The University reserves the right to request additional documentation as a condition of approval and operation or suspend any flight. In addition, any operator violating any portion of the UAS Policy will be held accountable for their actions.

**SECTION 5: UAS APPROVAL RESPONSE (EHS USE ONLY)**

Verdict:      Approved as submitted      Approved, with conditions (see below)      Denied (see below)

Approved Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_ Limiting Conditions: \_\_\_\_\_

Approved by (Printed Name): \_\_\_\_\_ Approved by (Signature): \_\_\_\_\_

Title of Person Approving: \_\_\_\_\_ Date Approved: \_\_\_\_\_

---

## *INSTRUCTIONS FOR SUBMITTING/PROCESSING THE MU CAMPUS UAS REQUEST FORM*

---

1. Requester should complete Sections 1-4 of the above form.
2. The completed form shall be submitted to [muehsoffice@missouri.edu](mailto:muehsoffice@missouri.edu). (Submission may be electronic, hard copy or a scan attached to an email.)
3. EHS or designee shall complete Section 5 of the form.
  - a. If the request is DENIED, the form shall be returned to the original requester with reason(s) for denial or a request for additional information, as appropriate. (This form shall be automatically denied and referred to CAFNR if the request is for space controlled by CAFNR or requested by MU Extension.)
  - b. If the request is APPROVED, a scanned copy of the form shall be emailed to:
    - i. The original Requester
    - ii. MU Environmental Health & Safety ([muehsoffice@missouri.edu](mailto:muehsoffice@missouri.edu))
    - iii. Captain Kevin Rodgers at MU Police ([rodgersk@missouri.edu](mailto:rodgersk@missouri.edu))
    - iv. Lieutenant Jerry Armentrout at MU Police ([armentroutj@missouri.edu](mailto:armentroutj@missouri.edu))
    - v. MU Reservations ([reservations@missouri.edu](mailto:reservations@missouri.edu))
  - c. If the request is APPROVED, and the applicant has indicated a flight path within 2000 feet of MU University Hospital or MU Women's Hospital (Section 2), notification and processing must be emailed to:
    - i. MUHC Air Medical Services ([drakejoan@health.missouri.edu](mailto:drakejoan@health.missouri.edu))
    - ii. MUHC Safety Coordinator ([tebbec@health.missouri.edu](mailto:tebbec@health.missouri.edu))
      1. MUHC Air Medical Services or Safety Coordinator should inform Air Evac Communication Center of the pending event
      2. Approver should record reminder in approval box that operator must call Air Evac Communications Center at 844-682-2734 immediately before and after flight.
    - iii. BLANKET APPROVALS: These flights are only approved if the MUHC contacts listed above are notified at least 72 hours in advance.
4. As a reminder, the original requester must have a copy of the approved form on site during UAS operations.

UM System Policy at: [https://www.umsystem.edu/ums/policies/general\\_administration/model\\_aircraft](https://www.umsystem.edu/ums/policies/general_administration/model_aircraft)

MU Policy at: <https://ehs.missouri.edu/work/uas>