

University of Missouri

CAFNR/MU Extension Unmanned Aircraft Systems (UAS) Request Form (Revision 8: June 2023)

This UAS Request Form is for the use by CAFNR and MU Extension and must be completed and submitted to [Dusty Walter](#) 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 on the main contiguous campus.** See <https://ehs.missouri.edu/work/uas> for a copy of that process. All applicants must submit this form at least one (1) week 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 Requester must review the applicable MU Policy (<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 to application.

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

...MU University Hospital? Yes* No

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

If YES for either, requester is **required to call Air Evac Communication Center at 844-682-2734 immediately prior to takeoff and immediately after landing. Requests for flights in this category **will be denied** if not received at least 72 hours in advance.*

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. 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 (CAFNR 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 CAFNR UAS REQUEST FORM

1. Requester should complete Sections 1-4 of the above form.
2. The completed form shall be submitted to walterw@missouri.edu. (Submission may be electronic, hard copy or a scan attached to an email.)
3. Dusty Walter 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 MU EHS if the request is for operations not being overseen by CAFNR and/or MU Extension.)
 - b. If the request is APPROVED, a copy of the form shall be emailed to:
 - i. The original Requester
 - ii. MU Environmental Health & Safety (muehsoffice@missouri.edu)
 - iii. Captain Kevin Rodgers at MU Police (rodgersk@missouri.edu)
 - iv. Lieutenant Jerry Armentrout at MU Police (armentroutj@missouri.edu)
 - v. MU Reservations (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)
 - ii. MUHC Safety Coordinator (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 Comm Center at 844-682-2734 immediately before and after flight.
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

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