



University of Toledo Police Department

Rodney J. Theis M.Ed., CLEE
Chief of Police
Director of Public Safety

3333 Dorr Street
Toledo, Ohio 43607
Administration: 419-530-2222
Office: 419-530-4448
<http://police.utoledo.edu>
rodney.theis@utoledo.edu

Office of Public Safety – Unmanned Aircraft Systems (UAS) Request Form

This UAS Request Form must be completed and submitted to UAS@Utoledo.Edu for review and approval by the UAS Committee prior to any UAS operations on university property or at any University sponsored event. University faculty, staff, graduate associates, students, or others conducting operations on behalf of the University must submit this document not less than two (2) weeks in advance of flight operations. Individuals who are not affiliated with the University or who are conducting University sponsored operations must submit this form not less than three (3) weeks in advance of flight operations. The Requestor will receive a UAS Committee response within then (10) working days of request receipt. Prior to submission of this form, the Requestor must review the [Unmanned Aircraft Systems Policy \(3364-61-14\)](#), and [Unmanned Aircraft Systems \(UAS\) and Model Aircraft Procedures \(3364-61.14.01\)](#). **Any omission of information requested in this form may result in a delay in processing.**

SECTION 1: REQUESTER INFORMATION

Applicant Full Name: First _____ M.I. _____ Last _____

Affiliation: University (Current University Faculty, Staff, GA, or Student) Non-University

UT Department or Sponsor/Organization: _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

SECTION 2: PURPOSE OF UAS ACTIVITY REQUEST / PROPOSED ACTIVITY

Provide full details of flight purpose (educational, research, promotional, etc.) including identity of UAS operator(s) and/or flight team. Provide a brief description of UAS operation. Depending on your intended use and activities associated with the use of your UAS, there may other University approvals required before you may operate your UAS on University owned property or at events. For example, any activities that involve videography, photography, or recording must be approved by the Office of Marketing and Communications and/or may also be subject to export control.



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Purpose: Educational: Recreational: Commercial: Public Safety & Government:

Specific Location of Activity: _____

Date(s) of UAS Activity: _____ Starting Time: _____ Ending Time: _____

Crew Operator (Pilot) name/title: _____

Visual Observer(s) name/title: _____

Photographs taken during flight: Yes No Video recorded during flight: Yes No

Maximum Altitude: _____ Estimated Annual Hours of Operation: _____

Operator has a Remote Pilot Airman Certificate: Yes No /ATTACH COPY IF MARKED YES

SECTION 3: UAS EQUIPMENT

Type/Model of UAS: _____

FAA Registration Number: _____ / ATTACH COPY

Total Weight Including Cargo: _____ Total Dimensions: _____

Describe any equipment that will be attached to UAS: _____

Equipped with Geo-fencing: Yes No Power Source/Serial #: _____

Maximum Range: _____ Maximum Operating Altitude: _____

Dual Controls: Yes No Return Home Capability: Yes No

Export Control Review Complete (UT Only): Yes No

Export Control Classification Number: _____

UAS Purchased with University Funds (UT Only):

Materials used to build/modify UAS Purchased with University Funds: Yes No

Previous Request Approved: Yes No If yes, Date of Previous Approval: _____



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SECTION 4: INSURANCE INFORMATION (Contractor and Third-Party Operators)

Name of Insurance Company: _____

Expiration Date: _____ Limits of Coverage for Aviation Coverage: _____

***Attach Certificate of Insurance with University of Toledo names as additionally insured ***

SECTION 5: REQUESTOR SIGNATURE / DOCUMENT VERIFICATION

I have attached Certificate of Authorization (COA), Remote Pilot Airman Certificate, FAA Registration, Certificate of Insurance, and/or other relevant documentation for this request.

By signing and submitting this Request form, I attest that all information herein is accurate and that UAS or Model Aircraft operations will be completed as indicated. I understand that any deviation from the flight as describes above requires me to submit a new request to amend this Form. I agree to abide by all federal and state laws, including but not limited to the regulations of the Federal Aviation Administration, pertaining to UAS or Model Aircraft. I understand that I must carry a copy of this approved Request Form during operations and must present it to any University Official, including the University of Toledo Police Officers, upon request. Not showing a copy of this approved Request Form may result in the operations being suspended until I can provide such copy. Finally, I acknowledge that I have read and will abide by the FAA guidelines pertaining to the type of UAS Operations I plan to conduct. Faa.gov/uas/

Signature: _____ Date: _____

SECTION 6: WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS

I do hereby release, waive, forever discharge and covenant not to sue the State of Ohio, The University of Toledo, its governing board, officers, agents, employees, and any students ("Releasees"), from and against any liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I occur. I further hold Releasees harmless for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I may have caused or alleged to have caused to any other party, including any Releasee.

Signature: _____ Date: _____



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Section 7: DEPUTY CHIEF OF POLICE RESPONSE

Deputy Chief of Police: UAS Committee Chair

Approved Conditionally Approved (modifications required) Disapproved

Referred to UAS Committee

Comments/Recommended Conditions: _____

Deputy Chief of Police, UTPD

Date

Section 8: UAS COMMITTEE RESPONSE (Only if Referred by Deputy Chief of Police)

Approved Conditionally Approved (modifications required) Disapproved

Comments/Recommended Conditions: _____

Chair

Date

COMPLETED REQUEST FORM IS SENT TO:

Deputy Chief of Police, UTPD – original

Requestor – copy

Risk Management – copy