**CALIFORNIA STATE UNIVERSITY, STANISLAUS**

**UNMANNED AERIAL SYSTEMS (UAS) REVIEW COMMITTEE**

MSR 160 | (209) 667-3493 | orsp@csustan.edu

**FLIGHT OPERATIONS PROPOSAL**

*Please submit completed proposal to* [*orsp@csustan.edu*](mailto:orsp@csustan.edu)

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| **1.APPLICANT INFORMATION** | | | | | | | | |
| Name of Primary Applicant: | | | | |  | | | |
| Position of Primary Applicant (check one): | | | | | Faculty  Staff  Student  Administrator  Other | | | |
| Name(s) of other UAS/UAV operator(s): | | | | |  | | | |
| If Primary Applicant is a Student, list University Employee Sponsor: | | | | |  | | | |
| **Contact Information of Primary Applicant** | | | | | | | | |
| Address: | *Street (Including Apt/Unit #)* | |  | | | | | |
|  | *City* |  | | | *State* |  | *ZIP Code* |  |
| Phone: |  | | | | Email: |  | | |
| **Preliminary UAV Information** | | | | | | | | |
| Short description of proposed UAV Activities  (*2 sentences max*): | | | |  | | | | |
| Date(s) of operation: | | | |  | | | | |
| Hours of operation  (*i.e., intermittently between 1:30 – 3:00pm*): | | | |  | | | | |
| Please attach a copy of the following documents to the application form:   * UAS/UAV FAA certificate of registration * Remote Pilot Airman Certificate (if flying under Part 107) * Insurance Certificate (please see <https://www.csustan.edu/office-research-sponsored-programs/uasuavdrone-operation> for details on insurance requirements) | | | | | | | | |

Please submit proposal at least 30 days prior to proposed flight operation

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| **2. FLIGHT OPERATIONS INFORMATION** |

**NOTE**: Each section **MUST** be completed or the proposal will be returned to applicant.

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| **2.1 Requesting to operate a UAV/UAS under which of the following (check one box below):** |
| Hobbyist/Recreational User |
| * Students operating a UAV/UAS for a course or curricula requirement/activity * Faculty members and/or Stan State employees do not qualify |
| Part 107 |
| Requirements for Part 107 users:   * UAS must weigh less than 55 lbs./25kgs. (including with external loads) * UAS operator must either; a) have a remote pilot airman certificate with sUAS rating, or b) be supervised by someone with such a certificate   Restrictions for Part 107 users:   * UAS must be within visual line of sight (vision unaided except for corrective lenses) * Operator can only pilot or observe one flight at a time * Operation during daylight hours only * UAS cannot fly above a person unassociated to the flight (unless individual is covered) * UAS cannot be operated from a moving aircraft or a moving vehicle * Operator cannot be careless or reckless in flight * UAS cannot carry any hazardous materials * Maximum groundspeed of 100 mph or 87 knots * Maximum operational altitude of 400 ft. \*if the flight is taking place from atop a structure, maximum altitude is 400 ft. above that structure |
| Apply for a Certificate of Authorization (COA) |

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| **2.2 Description of the proposed UAV activities.** |
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| **2.3 Describe all forms of data (including imagery) to be collected. Describe the purpose for collecting the data, how the data will be collected and stored, and the planned future use of the data.** |
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| **2.4 Describe where the UAV operator will be in location to the flight path. Explain how the line of sight will be maintained.** |
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| **2.5 Locale(s) and flight plan for operations. Please describe the flight plan, including if the flight path will cross over buildings, water features, or groups of people. Draw the path and highlight the areas affected on the campus map below.** |
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**Please draw the proposed flight path and highlight the areas affected by the flight**



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| **3. UAV/UAS OPERATIONS INFORMATION** |

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| **3.1 UAV INFORMATION** |
| |  |  |  |  | | --- | --- | --- | --- | | Serial Number | Year | Manufacturer & Model | UAV Value  (not including battery or fuel) | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | |

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| **3.2 Associated Systems - Sensors, Cameras, Gimbals, Ground Control System** |
| Click here to enter or paste text – this field will expand as required. There is no word/page limit. |
| |  |  |  | | --- | --- | --- | | Serial Number | Manufacturer | Equipment | | 1. |  |  | | 2. |  |  | | 3. |  |  | |

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| **3.3 Pilot Information** |
| |  |  |  | | --- | --- | --- | | Name | FAA Licenses | Describe ALL relevant UAV training | |  |  |  | |  |  |  | |

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| **3.4 General Information**  COMPLETE THIS SECTION FOR EACH UNIQUE UAV MODEL | | |
| UAV WEIGHT: | MAX TAKEOFF WEIGHT: | MAX OPERATING ALTITUDE: |
| MAX SPEED: | MAX RANGE/ENDURANCE: | POWER SUPPLY: electric gas |
| Answer ALL questions below | | |
| 1. Is the UAV a prototype, series production machine, or homebuilt? | | |
| 1. Is the unit completely autonomous or optionally remotely piloted? | | |
| 1. Is there backup power in the event of a power loss? | | |
| 1. Describe the takeoff procedure (list all steps here and attach a copy of safety procedures): | | |
| 1. Describe the UAV recovery (landing). Describe how you will recover the UAV in the event of a problem (i.e. including plans to contact the University Police Department or campus facilities to retrieve lost equipment): | | |
| 1. What does the GCS (Ground Control System) consist of? | | |
| 1. If communication/contact is lost in flight, can the UAV return to base on its own? What is the procedure for regaining communication if data link is broken? | | |
| 1. Describe additional system fail safes: | | |
| 1. Are there any levels of redundancy for data-link? If yes, please describe: | | |
| 1. Is there a formal operational safety program or procedure in place? | | |