

CSU RISK MANAGEMENT DRONE APPROVAL REQUEST

1. REQUESTOR(S) INFORMATION
NAME OF REQUESTING PARTY (Including D/B/A'S and Holding Companies):
CSU DEPARTMENT NAME (IF APPLICABLE) AND ADDRESS:
CONTACT NAME, PHONE NUMBER AND EMAIL ADDRESS:
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> HOLDING COMPANY <input type="checkbox"/> OTHER
IS THIS UAV OWNED BY CSU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHO IS IT OWNED BY?
DESCRIPTION OF UAV ACTIVITIES:
DATE(S) OF OPERATION:
LOCATION(S) OF OPERATION:
LOCATION(S) WHERE UAV WILL BE STORED:
FOR UAVs NOT OWNED BY CSU, PROVIDE DESCRIPTION OF UAV AND REGISTRATION NUMBER(S), THEN PROCEED TO SECTION 4 DESCRIPTION:
REGISTRATION NUMBER(S):

FOR UAVs **OWNED** BY CSU, COMPLETE UAV AND ASSOCIATED SYSTEMS INFORMATION:

2. UAV INFORMATION					
SERIAL NUMBER	YEAR	MANUFACTURER AND MODEL	AIRFRAME VALUE	LIABILITY LIMIT REQUESTED	DEDUCTIBLE
1.					
2.					
3.					
4.					
5.					

3. ASSOCIATED SYSTEMS – SENSORS, CAMERAS, GIMBALS, GROUND CONTROL SYSTEM				
SERIAL NUMBER	MANUFACTURER	EQUIPMENT	INSURED VALUE	DEDUCTIBLE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

4. PILOT INFORMATION					
List ALL pilots who operate applicant's UAS (full-time, part-time, and contract employees)					
NAME	UAV TIME		FAA LICENSES AND RATINGS	DESCRIBE ALL RELEVANT UAV TRAINING	CSU EMPLOYEE?
	FW	RW			

5. GENERAL INFORMATIONCOMPLETE THIS SECTION FOR EACH UNIQUE UAV MODEL**UAV #1**

AIRFRAME WEIGHT:	MAX TAKEOFF WEIGHT:	MAX OPERATING ALTITUDE:
MAX SPEED:	MAX RANGE / ENDURANCE:	POWER SUPPLY: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS

1. IS THE UAV A PROTOTYPE, SERIES PRODUCTION MACHINE, OR HOMEBUILT?

2. IS THE UNIT COMPLETELY AUTONOMOUS OR OPTIONALLY REMOTELY PILOTED?

3. IS THERE BACKUP POWER IN THE EVENT OF A POWER LOSS? YES NO

4. DESCRIBE THE TAKEOFF PROCEDURE:

5. DESCRIBE THE UAV RECOVERY (LANDING):

6. WHERE WILL THE UAV PRIMARILY BE OPERATED?

7. HOW MANY HOURS PER YEAR WILL THE UAV BE OPERATED?

8. WHAT DOES THE GCS (GROUND CONTROL SYSTEM) CONSIST OF?

9. IF COMMUNICATION/CONTACT IS LOST IN FLIGHT, CAN THE UAV RETURN TO BASE ON ITS OWN? YES NO
WHAT IS THE PROCEDURE FOR REGAINING COMMUNICATION IF DATA LINK IS BROKEN?

10. DESCRIBE ADDITIONAL SYSTEM FAILSAFES:

11. ARE THERE ANY LEVELS OF REDUNDANCY FOR DATA-LINK? YES NO
IF YES, DESCRIBE:12. WILL ANY FLIGHTS BE CONDUCTED ABOVE WATER? YES NO
IF SO, HOW OFTEN (FLIGHTS PER YEAR)?13. IS THERE A FORMAL OPERATIONAL SAFETY PROGRAM OR PROCEDURE IN PLACE? YES NO14. WILL ANY TAKEOFF OR LANDINGS BE CARRIED OUT IN POOR VISIBILITY OR AT NIGHT? YES NO
IF YES, DESCRIBE:**6. OPERATIONS**AIRSPACE: COA Below 400 ft AGL Above 400 ft AGL OPERATOR: Government Business Private Other

PURPOSE OF USE (Check all that apply):

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Aerial Photography | <input type="checkbox"/> Agriculture | <input type="checkbox"/> R&D |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Surveillance | <input type="checkbox"/> Military |
| <input type="checkbox"/> Television/Movie | <input type="checkbox"/> Line Patrol | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Training | <input type="checkbox"/> Other |

Other Description:

OPERATING ENVIRONMENT (Check all that apply):

- | | | |
|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Urban | <input type="checkbox"/> Semi-Urban | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Coastal | <input type="checkbox"/> Maritime | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> International | <input type="checkbox"/> Other |

Other Description:

1. PLEASE DESCRIBE THE STORAGE FACILITY USED TO HOUSE THE UAV AND ASSOCIATED EQUIPMENT:

2. PLEASE DESCRIBE THE METHOD OF TRANSPORTATION FOR THE UNIT:

7. INSURANCE AND CLAIMS HISTORY

1. HAS THE APPLICANT OR ANY NAMED PILOT HAD ANY LOSSES OR CLAIMS IN THE LAST 7 YEARS? YES NO
2. HAS THE APPLICANT OR ANY NAMED PILOT EVER BEEN INVOLVED IN A PERSONAL INJURY CASE? YES NO
3. HAS THE APPLICANT OR ANY NAMED PILOT EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES TO ANY OF THE ABOVE, PLEASE DESCRIBE:

CSU RISK MANAGEMENT - INTERNAL USE ONLY

CSU OWNED?

- OWNED NON-OWNED

IF NON-OWNED, CERTIFICATE OF INSURANCE RECEIVED?

- YES NO

INSURANCE

- LIABILITY PROPERTY DAMAGE – CSU

COMMENTS:

APPROVED?

- YES NO