



# REQUEST TO OPERATE UNMANNED AIRCRAFT SYSTEM (UAS) FORM

North Carolina Central University

This form must be completed in its entirety and submitted to University Police by the responsible party requesting to operate an Unmanned Aircraft System (UAS) on the campus of North Carolina Central University. All UAS (1) must be properly registered according to Federal Aviation Administration rules and (2) UAS operators will be asked to produce a valid permit upon submission of this form. All operators are required to comply with the procedures and standards as set forth in NCCU's Unmanned Aircraft Systems Regulation (REG XX XX XX), as well as all applicable North Carolina and federal laws and regulation. **Failure to comply with the UAS Regulation, applicable laws and regulations, or any directives of University Police related to the operation of the UAS may result in disciplinary action and/or the issuance of a notice of trespass to the operator.**

This form must be completed and returned to University Police no later than fourteen (14) days prior to the proposed UAS flight.

**1. Operator Information.** Please PRINT and complete all requested information.

Name of UAS Operator: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Department/Group Making Request: \_\_\_\_\_

**2. Event Details.** Please complete as much information as possible about the proposed UAS flight. *Any substantial change to the information provided here (e.g., change in purpose, location, aircraft, proposed activities, etc.) will require a new request form.*

Describe the Purpose of the Flight and Any Proposed Activities to be Conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Campus Location(s) for Proposed Flight: \_\_\_\_\_

Flight Date(s) and Time(s) \_\_\_\_\_

UAS Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Aircraft Type:

- Fixed Wing
- Multicopter
- Rotary Wing

Make/Model \_\_\_\_\_ Approximate Aircraft Weight: \_\_\_\_\_

**Please attach your valid operator permits issued by the FAA and NCDOT and your UAS registration certificate to this form. Completed forms and supporting documents should be sent to the NCCU Police Department via email to [nccupinfo@nccu.edu](mailto:nccupinfo@nccu.edu) or via fax to (919) 530-5024.**

By submitting this form, I confirm that I have fully read and understand the terms of the university regulation for operating unmanned aircraft systems. I understand that failure to comply with the proper procedures and applicable laws regarding UAS navigation may subject me to disciplinary action.

Operator's Printed Name \_\_\_\_\_ Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Date Form Received: \_\_\_\_\_ Name of Individual Processing Request: \_\_\_\_\_

Request is: Approved \_\_\_\_\_ NOT Approved \_\_\_\_\_ Date: \_\_\_\_\_