



Office of EHS & Risk Management

Unmanned Aircraft Systems (UAS) Request Form

This UAS Request Form must be completed and submitted to riskmanagement_ehs@lamar.edu for review by the Office of EHS & Risk Management prior to any UAS operations on university property or at any university sponsored event. University faculty, staff, 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 not conducting university sponsored operations must submit this form not less than three (3) weeks in advance of flight operations. The Requestor will receive a response within 10 working days of request receipt.

SECTION 1: REQUESTOR INFORMATION

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

Affiliation: University *Non-University/Third Party Contractors

Department/Sponsor or Organization: _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

SECTION 2: PURPOSE OF UAS REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.), including identity 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. For example, any videography, photography or recording must first be approved through Marketing Communications.

Location of Request: _____

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

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: _____

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

Equipped with Geo-fencing Yes No Operating under a COA Yes No

Liability Insurance Yes No

***Third party contractors or Non-university users are required to show proof of insurance, in the form of a Certificate of Insurance (COI). I have attached a Certificate of Waiver or Authorization (COA), and/or other relevant documentation for this request.
*I have attached a Certification of Insurance (COI) with Lamar University as an additional insured and certificate holder.**

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 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. In addition, operators violating any portion of the University Unmanned Aircraft Systems (UAS) Policy, will be held accountable for their actions.

SECTION 4: ENVIRONMENTAL HEALTH SAFETY & RISK MANAGEMENT RESPONSE

Request Approved by EHSRM Yes No

Request Approved by LUPD Yes No

EHS & Risk Management comments or requirements for operation are listed and must be observed below. If not approved, a summary of the decision is outlined.

EHSRM Signature: _____ Date: _____

LUPD Signature: _____ Date: _____

Badge Number#: _____