



## Unmanned Aerial Vehicles (UAV) Request Form: Off-campus (non-UT property)

This UAV Request Form must be completed and submitted to [uavflight@austin.utexas.edu](mailto:uavflight@austin.utexas.edu) for review and approval by the UAV Review Group (UAVRG) prior to any UAV operations for any university sponsored event on property not owned by UT-Austin. University faculty, staff, or graduate students conducting operations on behalf of the university must submit this document not less than two (2) weeks in advance of flight operations. The Requestor will receive a UAVRG response within 10 working days of request receipt. Prior to submission of this form, the Requestor must review the Unmanned Aerial Vehicles policy 8-1070.

**Any omission of information requested in this form may result in a delay of processing.**

### SECTION 1: REQUESTOR INFORMATION

Applicant Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Affiliation: University (Current University Faculty , Staff , Graduate Student )

UT Department or Sponsor/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2: PURPOSE OF UAV REQUEST/PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.), including identity of UAV operator(s) and/or flight team. Depending on your intended use and activities associated with the use of your UAV, there may be other university approvals required before you can operate your UAV off-campus.

**Written authorization from the property owner, lessee, or local government authority, as applicable is required.**

Specific Location of Activity: \_\_\_\_\_

Date(s) of UAV Activity: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

### SECTION 3: UAV DESCRIPTION

Type/Model of UAV: \_\_\_\_\_

Weight/Dimensions: \_\_\_\_\_ Power Source/Serial #: \_\_\_\_\_

Previous Request Approved      Yes      No      If Yes, Date of Previous Approval: \_\_\_\_\_

UAV Registered with FAA      Yes      No      If Yes, Registration Number: \_\_\_\_\_

Name of Pilot: \_\_\_\_\_

Pilot Licensed by FAA            Yes            No            If Yes, License Number: \_\_\_\_\_

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

Equipped with Geo-fencing            Yes            No            Operating under a COA/333    Yes            No

I have attached a Certificate of Waiver or Authorization (COA), and/or other relevant documentation for this request.

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 Aerial Vehicles on or over university property or sponsored event. A copy of the approved UAV 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, any operator violating any portion of the University Unmanned Aerial Vehicles (UAV) Policy, will be held accountable for their actions.

**SECTION 4: UAV ADVISORY GROUP RESPONSE**

UAV Advisory Group comments or requirements for operation are listed below and must be observed. If not approved, a summary of the decision is outlined.

Request Approved            Yes            No

\_\_\_\_\_  
Signature, Associate Vice President Campus Safety & Security

\_\_\_\_\_  
Date