



# UNMANNED AIRCRAFT SYSTEMS (UAS) REQUEST FORM

## INSTRUCTIONS

This UAS Request Form must be completed and submitted to the Butte College Police Department (BCPD) for review and approval prior to any UAS operations on district property, at any district sponsored event or district sponsored use. District faculty, staff, students, or others conducting operations on behalf of the district must submit this document not less than four (4) weeks in advance of flight operations. The Requestor will receive a BCPD response within two (2) weeks of request receipt. Prior to submission of this form, the Requestor must review the Unmanned Aircraft Systems Administrative Procedure 6525 available at: [http://www.butte.edu/community/getting\\_involved/contacts/trustees/Chapter6.html](http://www.butte.edu/community/getting_involved/contacts/trustees/Chapter6.html). Any omission of information requested in this form may result in a delay in processing.

## REQUESTED BY

Name of Requestor: \_\_\_\_\_  
Affiliation: District (Current Faculty, Staff, or Student)  Non-District   
District Department or Company: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## UAS PROPOSED ACTIVITY

Provide full details of flight purpose (education, research, promotional, etc.):  
\_\_\_\_\_

What authorization type will the flight be conducted under? 14 CFR 107  Recreational Operations   
Specific Location of UAS Activity: \_\_\_\_\_  
Date(s) of UAS Activity: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
FAA Waiver Required: Yes  (Attach a copy) No

## UAS INFORMATION

List all UAS to be operated.

UAS Make/Model	UAS Owner	FAA UAS Registration No.	UAS Weight	UAS Serial No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## OPERATOR INFORMATION

List all operators who will operate UAS.

Operator Name	Operator's FAA License #	Date of License Issuance
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Certificate of Insurance.** Required for non-district applicants only. Provide a copy of your insurance coverage with the Butte-Glenn Community College District listed as additionally insured during UAS flight operation dates.

By signing below, the individual/entity submitting this request agrees to and will comply with all district policies and procedures, and all applicable local, state, and federal regulations governing the use of Unmanned Aircraft Systems on or over district property or sponsored events. 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 district official or representative with control or jurisdiction over the activity, upon request. The district reserves the right to request additional documentation as a condition of approval and operation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UAS REVIEW RESPONSE**

Request Approved

Yes

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Facilities Planning and Management Approval, as required:

\_\_\_\_\_  
Signature

Butte College Police Department, Risk Management, and/or Facilities Planning and Management comments or requirements for operation are listed below and must be observed. If not approved, a summary of the decision is outlined.

\_\_\_\_\_