Request to Operate UAS

Send the completed form to the office of Environmental Health & Safety at ehs@binghamton.edu. The more complete the information you provide, the better the University can evaluate and reply.

Name of Person Submitting the Request: _____________________________
Affiliation with the University: _____________________________
Date Submitted: _____________________________
Name of the Remote Pilot in Command: _____________________________
Applicable certificate information: _____________________________
Purpose of flight: _____________________________________________
Time and Place of Flight(s): Date: _____________________________
                        Time: _____________________________ am / pm
                        Place: _____________________________
Proposed Flight Path: _____________________________________________
Distance to nearest airport/helipad: _____________________________ miles
Class of airspace: _____________________________

[1] [If flight will be in controlled airspace (Class B, C, D or within the lateral boundaries of the surface area of Class E airspace) supply a copy of the required ATC authorization.]

If intended flight is in the area of School of Pharmacy or the Nursing School in Johnson City pilot in command must contact UHS Security due to proximity to Wilson Hospital Heliport. Contact AJ Manager UHS Security 607-427-5413 at launch and after landing. UHS Security will contact pilot in command to land immediately if Helicopter is inbound. Initial here to confirm you understand these instructions.

_____ Is a COA required:   ☑ No   ☑ Yes  If yes, attach a copy

Aircraft make/model, type: _____________________________
            FAA registration certificate number: _____________________________
Take-off weight and maximum speed: _____________________________
Provider or Liability Insurance/Liability Limit  ____________  ____________
Flight profile/operational limits and safety concerns and mitigations:
__________________________________________________________________________________
__________________________________________________________________________________

______________________________  ______________________________
Applicant’s Signature           Applicant’s Printed Name

______________________________  ______________________________
Parent/Guardian Signature       Parent/Guardian Name
(required if applicant is under the age of 18)
If applicant differs from Remote Pilot in Command:

______________________       ____________________________________
Remote Pilot in Command’s Signature        Remote Pilot in Command’s Printed Name

Emergency contact information: _________________________   _________________________
_________________________ _________________________

Provide mobile telephone numbers for the Remote Pilot in Command and each designated observer which can be used to reach the Remote Pilot in Command and each designated observer prior to and during the flight(s).

CERTIFICATION
I certify under penalty of perjury that the information provided in this Request to Operate UAS and any attachments are true and correct. I further certify that all authorized UAS operations will be in strict compliance with all applicable federal, state and local rules and regulations, and all applicable University policies including Binghamton University Policy 419 of the Binghamton University Policies and Procedures (https://www.binghamton.edu/operations/policies/policy-419.html). I am aware of, and hereby take responsibility for, all pre-flight notification requirements and post-flight reporting requirements.

Remote Pilot in Command Initial here  __________

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Determination Regarding Request to Operate

The Request to Operate is:
ð Approved
ð Rejected
ð Approved with the following conditions:
ð Returned for the following additional information:

Notes: _____________________________________________________________
______________________________________________________________
______________________________________________________________

EH&S has faxed approved permit to BUPD _____Yes

Date: _________________________   Signature: ______________________________

EH&S UAS Manager

[1] A flight on Binghamton University grounds is over 5 miles from the Greater Binghamton Airport (BGM), 3.2 miles from Wilson Memorial Hospital (UHS) Helipad. For flights off-grounds, consideration must be given to any nearby airports and heliports; operators are urged to consult B4UFLY for up-to-date information.