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 Jason Ellis UHS Security 607-743-3443 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:  Ø No  Ø 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)
Request to Operate UAS, page 2

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:
δ  Approved
δ  Rejected
δ  Approved with the following conditions:
δ  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.