



Request to Operate UAS

Send the completed form to the office of Environmental Health & Safety at ehs@binghamton.edu **at least 5 business days prior to intended flight**. The more complete the information you provide, the sooner the University can evaluate and reply.

Name of Person Submitting Request:	_____	<i>FYI Lot E1 is closed, access to the East Gym field can be made from Lot E, no vehicles are allowed to access the field from lot E.</i>
Affiliation with the University:	_____	
Date Submitted:	_____	
Name of 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. Notify Johnson City Police at 607-729-9325 advise of time and intended location and duration of flight.

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
(required if applicant is under the age of 18)

Parent/Guardian Name

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 cell phone 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 _____

BINGHAMTOM UNIVERSITY USE ONLY **Determination Regarding Request to Operate**

The Request to Operate is:

Approved

Rejected

Approved with the following conditions:

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.

“Following University policy, third parties planning to use UAS must provide proof of FAA approval. In addition, operation of a UAS by a third party or hobbyist over University property must be 1.) at the request of a Binghamton University department for academic / research / business use, and/or 2.) under a Revocable Permit which holds the University harmless from any resulting claims or harm to individuals and damage to University property and provides insurance as required by Risk Management and Counsel. In addition to the request and scheduling approval process, please provide copies of the following with the request submission:

- a. a minimum \$1M drone/aviation liability Certificate of Insurance (listing State University of New York and Binghamton University as additional insureds)
- b. copy of valid Pilot Airman Certification/License
- c. copy of UAS Certificate of Registration Card from the FAA”