

UAV/UAS FLIGHT PLAN REGISTRATION

Owner Information

Name	
Address	
City, State ZIP	
Phone	
Email	
FAA Pilot Number:	

UAV (Drone) Information

Make	
Model	
Color	
FLIGHT TIME START:	
FLIGHT TIME END:	
TCCS/TCC Reg #:	
FAA Registration #:	

Flight Plan (must include map)

Flight Date

Describe location of the area you will be operating your UAV. Be sure to include the (a) Campus, (b) Area take off, and the (c) Area(s) that you will be flying. Attach map of flight plan route.

Cable Airport Authorization

Provide a copy of written authorization (email, etc). If no written approval, provide name and number of person who approved this UAV Flight.

Campus Approval

Campus representative approving the above Unmanned Aerial Vehicle (UAV) listed flight plan, please sign and date below.

Campus Representative	Date

Pilot/Operator Declaration

I understand that I am responsible to obey all regulations as outlined by FAA UAS/UAV Rule (aka 'Part 107'); all policies of the campus(es) have been approved for; and the regulations and policies of the Claremont University Consortium. I also understand that if ordered to land my UAV by Campus Safety or any authorized official of any campus, I shall do so immediately.

Submitted by (home owner or authorized representative)	Date