



Department of Campus Safety

UAV/UAS FLIGHT PLAN REGISTRATION

Owner Information

Name	
Address	
City, State ZIP	
Phone	
Email	

FAA Pilot Number:	
-------------------	--

UAV (Drone) Information

UAV Make/Model/Color	
FAA Registration #:	
Date of Flight	
Flight Start Time	
Flight End Time	
Campus Safety Reg #	
Campus Safety Official	

Additional Flight Dates (90 day maximum):

Flight Plan (must include map)

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 for each flight & planned 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 (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
--	------

Print, Scan and Email to: Dispatch@claremont.edu