FACILITY/OUTDOOR AIRSPACE RESERVATION FORM FOR UNMANNED AIRCRAFT SYSTEMS (UAS) UNIVERSITY OF ARKANSAS

FACILITY/OUTDOOR SPACE	REQUESTED FOR UAS/"F	LYOVER" PURPOSES		
FACILITY/OUTDOOR LOCAT	ION REQUESTED FOR LA	UNCH/FLIGHT CONTROL PURPO	SES	
DATE TO BE USED		TIME: From	To	
LAUNCH STARTING TIME		FLIGHT ENDING TIME	FLIGHT ENDING TIME	
REASON FOR FLIGHT: Officia	al University Business:	Recreational/Hobby: Other:		
(Please explain p	urpose of flight and nature of	fuse, attach additional pages to explai	n if necessary, etc.)	
SPONSORING ENTITY				
Do you have Certificate of Author	prity issued by the Federal Av	iation Administration for the UAS?	Yes No (Please attach a copy)	
Will access be needed for vehicle	es to be on the landscape? Ye	es No		
		Registered Student Organizati	ions must also Complete This Section:	
Person Submitting Request		Faculty/Staff advisor	Faculty/Staff advisor	
Organization and Address		Campus Address	Campus Address	
City, State and Zip		Campus Phone	Campus Phone	
Home Phone	Business Phone	E-Mail Address		
E-Mail address	Fax Number	RSO Advisor Signature (Requ	RSO Advisor Signature (Required)	
		FOR OFFICE USE ONLY (Off	ice of VPRED or Athletics Dept)	
Contact Person Signature		Approving Authority for Facil	Approving Authority for Facility/Outdoor space/airspace	
Contact Phone	Date	Title	Phone	
Security Assessment Reque	estedInitials	Approval Date A	Approved Decibel Level	
Comments and/or Restrictions:		1. Office of Student Activities 2. University Police, ADSB 10	APPROVING AUTHORITY MUST SEND COPIES TO: 1. Office of Student Activities ARKU A665 2. University Police, ADSB 182 3. Transit & Parking, ADSB 131 4. Requestor	

By signing above, the person/organization submitting the request agrees to and will abide by all University policies governing the use of University facilities for outdoor spaces and air space. A copy of the approved reservation form must be at the event at all times and must be presented to any University official with authority over the location, including UAPD, if requested. By signing above, the person submitting this request warrants that the UAS complies with all applicable federal certification requirements or other federal and state laws, including, but not limited to, any regulations of the Federal Aviation Administration. I understand that I may be required to submit proof of insurance and/or to list the Board of Trustees of the University of Arkansas as an additional insured as a pre-condition to conducting any UAS flights over approved campus locations. The University reserves the right to request additional documentation regarding compliance as a condition of approval. I understand that I am financially responsible for any property damage or personal injuries, including, without limitation, death that may be caused by my use and operation of a UAS over University property except to the extent limited by University policy and/or Arkansas law. The use and operation of an UAS is strictly regulated by the Federal Aviation Administration and is governed by state law.

For questions/comments: email <u>outdoors@uark.edu</u> or call 479/575-6441 Return via fax to 479/575-5708

Reservation Number: