Southern Illinois University  
small Unmanned Aircraft Systems (sUAS) / Unmanned Aerial Vehicle (UAV)  

Project Use Application: Outside Agencies  

This “Project Use Application” is required for all sUAS / UAV project operations conducted by any vendors, University contractors, visitors, outside agencies, etc.  

Please Note:  
In addition to filling out the Project Use Applications, vendors, contactors, outside agencies and visitors who desire to use an UAV as part of their business operations or demonstrations needs to provide a copy of all related insurance documentation attached to this application. The documentation will be kept with the application at Plant and Service Operations (PSO). A copy of the associated documentation will be forwarded to SIU Carbondale’s Risk Management for departmental use.  

Please verify that:  

• “The Board of Trustees of Southern Illinois University is named as Additional Insured” to your balloon liability or sUAS / UAV liability policy;  

• Rights of subrogation is waived;  

• The insurance carried shall be primary without right of contribution from any insurance maintained by SIU;  

• With respect to insured limits, no less than $2 million CSL.  

This is in addition to our standard limits:  

• Commercial General Liability Limits $1 Million per occurrence / $3 million aggregate;  

• Workers Compensation & Occupational Diseases, Employers Liability: Illinois Statutory limit of $500,000 per occurrence;  

• Commercial Auto Liability: Combined Single Limit or Bodily Injury, Property Damage, of $1 Million per occurrence, $1 Million per occurrence, $500,000 per occurrence;  

• The Board of Trustees of Southern Illinois University is named as Additional Insured on General Liability policies.
Approval must be obtained from the UAV Coordinator prior to the commencement of the use of any sUAS / UAV for any project or operation.

All operations must be conducted in accordance with Federal Aviation Administration (FAA) regulations and in accordance to SIU’s sUAS / UAV Operating Standards.

This application does not supersede any permitting requirements of the FAA or other agencies. No sUAS / UAV can be operated on campus, off campus, or under the auspices of the University without the appropriate internal approvals. For operational approval, this application must be submitted to the University / Plant and Service Operations (PSO) UAV Coordinator for approval or denial. To initiate the application process, please return this completed application to PSO.

Please Note:

- An application is required for each project.
- Approximately 1/3 of SIUC’s buildings / properties are located inside the 5-mile control boundary of four (04) airports. Until further notice, no operations will be allowed in these areas until the university is granted operation waivers from the FAA.
- Waivered areas will be updated as necessary.
- Operations may require a university representative to be present. If the representative states the current operation is to terminate immediately for whatever reason, the operator will terminate operations and land immediately. Failure to comply with the representative’s directive may result in immediate revocation of project approval.
- Night flying is not permitted on university property without prior university approval.
- Failure to fill out all requested information and to provide all related insurance documentation may lead to immediate disapproval of the application.
- sUAS / UAV operations will follow all FAA Part 107 regulations, University Operating standards, and University directives.
- Please contact PSO for further details.
- Failure to abide by FAA regulations and University directives may result in immediate revocation of project approval.
**General Data:**
Application
Date: ___________________________

Contact Name: ____________________________________________________________

Project Director: ___________________________________________________________
(I.e. Department Head, Business Owner, UAV Operations Head, responsible operator, etc...)

Email address: ___________________________ Phone Number: ___________________________

Usage Description (i.e. security, marketing, disaster assessment, fieldwork, photography, video, airframe testing, etc...):

________________________________________________________________________
________________________________________________________________________

**Part 107 Certified UAS Pilot(s):**
List any /all FAA Part 107 certified operators who will control the sUAS / UAV during operations:
Provide a copy of your “Remote Pilot / UAS Certification” and have your certification card on hand at all times...

<table>
<thead>
<tr>
<th>Name:</th>
<th>Certification Number:</th>
<th>Certification Date:</th>
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Provide an additional attachment if more pilots will be involved in the operation in question...

**Key Personnel:**
List key project personnel (include anyone who will be present during flights):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Role: (Visual Observer VO) / Participant / Sensor Operator (SO) / Data Manager (etc.):</th>
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Provide an additional attachment if more personnel will be involved in the operation in question...
**UAS Description:**
List all UAV equipment (make / model) to be used:

<table>
<thead>
<tr>
<th>UAV Make:</th>
<th>UAV Model:</th>
<th>FAA Registration Number</th>
<th>SIU Property Control Number:</th>
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Provide an additional attachment if more flight equipment will be used in the operation in question...

**UAS Sensor Package:**
List all sensor equipment (type / model) to be used:

<table>
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<tr>
<th>Sensor System Type:</th>
<th>Project Type (Research, Instructional, Business / Facility Mgmt., Inspections, Storm Damage Assessment, etc.:)</th>
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<tr>
<td>Digital Camera:</td>
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<td>Video Camera:</td>
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<td>Infrared Camera:</td>
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<td>Microphone:</td>
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<td>Other:</td>
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Provide an additional attachment if more flight equipment will be used in the operation in question...

**Project Location:**
Location of outdoor operations – provide the building name, street address, street name, etc. to provide a location of where the operation is to take place. List all address to be involved.

<table>
<thead>
<tr>
<th>Building, Street, Property Name -- Location:</th>
<th>GPS Coordinates -- Latitude:</th>
<th>GPS Coordinate -- Longitude:</th>
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Provide an additional attachment if more locations will be involved in the operation in question...

**Project Mapping:**
Please provide an accurate map of the area in which the operations is going to take place. If necessary, use a mapping application (Google Maps, Google Earth, Microsoft Bing, etc.) and show the area that the operation is to occur in.
**Project Operation Dates:**
The expected period of operations – provide the expected start date and end date of the project in question. If there are multiple start and end dates (for example two week on / every two weeks off), note the start and ending dates use dates for this particular project only. Provide an additional attachment if more use dates are expected.

<table>
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<th>Expected Project Start Date:</th>
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Will the sUAS / UAV be flown inside an enclosed structure? □ Yes □ No

If operating indoors, please specify the building name (if exists), address, and room number:

_________________________________________________________________________________________________________

**Additional Required Information:**
Distance from nearest airport (miles) ________
If requested operations will occur within an airspace control boundary, additional approvals and / or restrictions may be necessary. No operations will be allowed in these areas until an approved FAA operational waiver is presented to the University / UAS Coordinator. Contact Plant and Service Operations (PSO) / UAS Coordinator for further details.

How many visual observers will be present for a typical flight: _____

**Applicant’s Signature:**
By signing this application, you are verifying that all information provided on / with this application is accurate. All related FAA regulations and University Standard will be followed. Any updates or changes to a previously approved project must be reapproved.

________________________________________  ____________________________
Signature of Project Director / Responsible Employee  Date

Please return a copy of the completed application and any attachments to:

**ATTENTION: UAV USE APPLICATION**
Plant and Service Operations – UAV Operations
Attention UAS Coordinator
Service Building 1 - Mail Code 6727
210 Physical Plant Dr.
Carbondale, Illinois 62901
618-453-6793 | F: 618-453-3295

PSO UAV Project Application—201801 mk02.00
Internal Review:

_____ Approved  _____ Conditional Approval (modifications required)  _____ Disapproved

COMMENTS:

________________________________________________________________________

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Initialed ready for review

________________________________________________                     __________________________

Plant and Service Operations, Director, SIUC  Date
UAS Coordinator
(or designee)
A copy of the application will be kept.
No flight can take place before the application is approved.