

See "Drones on Campus" policy on mySJC (Est. 8/2018)

ACKNOWLEDGEMENT and UAV OPERATION REQUEST FORM

INSTRUCTIONS: Please complete, sign and then submit this form at least two weeks prior to the requested UAV operation in the airspace above SJC. Submit to: Director of Campus Safety, Saint Joseph's College, Standish Hall, 278 Whites Bridge Road, Standish, Maine 04084.

OPERATOR'S NAME (Please print.)	
EVENT or CLASS FOR WHICH UAV WILL BE USED ON CAMPUS (Please include <u>dates of use</u> and general <u>description</u> of the UAV operation.)	
LOCATION(s) OF THE OPERATION OF THE UAV	
HAS DEPARTMENT MANAGER'S APPROVAL FOR	
UAV OPERATION BEEN OBTAINED? PLEASE LIST THE FAA REGISTRATION NUMBER ON THE UAV	
I acknowledge that I have read and understood SJC and that I will adhere to said policy during the dura Saint Joseph's College. I further acknowledge that I to sign this agreement.	tion of the above-mentioned UAV operation at
(Signature of UAV Operator)	(Date Request Submitted to Campus Safety)