**Request for Authorization to Operate UAS on UW Lands for Commercial Purposes**

Requesting Company (“Company”):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Contact Person (name and telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Campus Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinates and Air Space Class of Flight Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flight Over/Near Persons, Animals, Buildings or Fixtures? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Dates and Times of Intended Flights:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of the flight(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UAS Make, Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UAS FAA Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remote Pilot in Command:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documents Attached with Application:

* RPIC Certificate
* Safety Plan for Flight
* FAA Waivers if applicable (for flights in Class C Airspace, flights over persons, etc.)
* Certificate of Insurance

In consideration for authorization to operate a UAS on/over University lands as described above, Company hereby agrees to the following:

1. Company agrees to maintain flight records of all UAS flights authorized hereunder, and to provide UW with a copy of any FAA accident reports and relevant UAS flight data upon request.

2. Company affirms that all flights will be conducted in full compliance with applicable FAA regulations and state and local law.

3. Company agrees to indemnify the UW from any damage or liability arising from the UAS operations.

4. Company agrees to maintain policies of insurance for the duration of UAS operations on University premises, as described on page 3 of this application form.

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**UW Approval**

**U. Comm.**

**UWPD**

**Notification \_\_\_\_**

Name of Authorized Company Signatory Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

INSURANCE REQUIREMENTS

Aircraft Liability\*+ $5,000,000 Each Occurrence/Aggregate

Commercial General Liability\* $1,000,000 Each Occurrence/$2,000,000 Products & Completed

 Operations/General Aggregate

Automobile Liability\* $1,000,000 Combined Single Limits

(if Company vehicles will be present

on University lands)

Workers’ Compensation Statutory

\*The following Additional Insured language applies to this coverage and must be shown on the certificate: The Board of Regents of the University of Wisconsin System, its officers, agents and employees.

The Certificate Holder should read: University of Wisconsin-Madison; ATTN: Risk Management; 21 N Park St, Ste 5301; Madison, WI 53715

+ Lower limits may be available for low-risk operations per approval of the UW Risk Management Office