

Request Form for Use of Unmanned Aircraft (Drones) on District Property
(Must be submitted 72 hours before purpose activity)

Last Name: _____

First Name: _____ Middle initial: _____

Mailing Address: _____

Phone: _____

Email: _____

Purpose of requested/proposed activity: _____

Specific location for proposed activity: _____

Date(s) for proposed activity: _____

Starting Time: _____

Ending Time: _____

UMA/Drone Description

Type/Model: _____

Weight/Dimensions: _____

Power Source/Serial Number: _____

FAA Registration Number of UAC/Drone: _____

Name (Print): _____

Signature: _____

Date: _____

By signing above, the individual/entity submitting this request agrees to and will abide by all Iola- Scandinavia School District policies governing the use of UAC/drones on or over Iola-Scandinavia School District facilities. A copy of the approved UAC/Drone request form must be in the possession of the operator at all times during activity, and must be presented to any Iola-Scandinavia School District employee upon request. Iola-Scandinavia School District reserves the right to request additional documentation as a condition of approval or operation.

Attach Proof of \$1 million liability insurance covering UAC/Drone flight and naming Iola-Scandinavia School District as a designated additional insured.

Attach a copy of current Remote Pilot Airman Certification or FAA Certificate of Waiver or Authorization.

Approval by District Administrator or Designee:

Approved: _____

Denied: _____

Reason for denial: _____

Any conditions of approval: _____

Signature: _____ Date: _____