

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

FACILITY/OUTDOOR SPACE REQUESTED FOR UAS/"FLYOVER" PURPOSES _____

FACILITY/OUTDOOR LOCATION REQUESTED FOR LAUNCH/FLIGHT CONTROL PURPOSES _____

DATE TO BE USED _____ TIME: From _____ To _____

LAUNCH STARTING TIME _____ FLIGHT ENDING TIME _____

REASON FOR FLIGHT: Official University Business: _____ Recreational/Hobby: _____ Other: _____

(Please explain purpose of flight and nature of use, attach additional pages to explain if necessary, etc.)

SPONSORING ENTITY _____

Do you have Certificate of Authority issued by the Federal Aviation Administration for the UAS? Yes ___ No ___ (Please attach a copy.)

Will access be needed for vehicles to be on the landscape? Yes ___ No ___

Registered Student Organizations must also Complete This Section:

Person Submitting Request _____

Faculty/Staff advisor _____

Organization and Address _____

Campus Address _____

City, State and Zip _____

Campus Phone _____

Home Phone _____ Business Phone _____

E-Mail Address _____

E-Mail address _____ Fax Number _____

RSO Advisor Signature (Required) _____

Contact Person Signature _____

Approving Authority for Facility/Outdoor space/airspace _____

Contact Phone _____ Date _____

Title _____ Phone _____

Security Assessment _____ Requested _____ Initials _____

Approval Date _____ Approved Decibel Level _____

Comments and/or Restrictions:

FOR OFFICE USE ONLY (Office of VPRED or Athletics Dep't)	
Approving Authority for Facility/Outdoor space/airspace _____	
Title _____	Phone _____
Approval Date _____	Approved Decibel Level _____

- APPROVING AUTHORITY MUST SEND COPIES TO:**
- Office of Student Activities ARKU A665**
 - University Police, ADSB 182**
 - Transit & Parking, ADSB 131**
 - 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 outdoors@uark.edu or call 479/575-6441
Return via fax to 479/575-5708