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 _________________________________________ Fax Number _________________________________________

Contact Person Signature _________________________________________

Contact Phone _______ Date ____________________________

Security Assessment Requested Initials ____________________________

Comments and/or Restrictions:

________________________________________________

APPROVING AUTHORITY MUST SEND COPIES TO:
1. Office of Student Activities ARKU A665
2. University Police, ADSB 182
3. Transit & Parking, ADSB 131
4. Requestor

Title ___________________ Phone ___________________

Approval Date ___________ Approved Decibel Level ________

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 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

August 26, 2015 Reservation Number: _____________________