

Rochester Institute of Technology

Drone Flight Request Form

Requestor/Applicant Information - For third party vendors, RIT purchaser must complete this section - For students, faculty/staff approver must complete this section		
Requestor/Applicant Name:		
Email Address:	UID#:	Phone:
RIT Office Location and Department:		
RIT Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Student		Pilot in Command? <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Vendor/Organization Name (if applicable):		
Mailing Address:		
Email Address:	Phone:	Cell Phone:
RIT Contract Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Insurance Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Rochester Institute of Technology must be named as additional insured. <i>For questions about contracts or insurance, please contact Procurement department.</i>	
Pilot In Command Information		
Name:		RIT Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Student
Cell Phone Number (must be available during flights):		
Pilot's Certificate #	Email Address:	
Operator Information (if different from Pilot)		
Name:		RIT Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Student
Cell Phone Number (must be available during flights):		
Email Address:		
UAS Information		
Aircraft Make and Model:		
Aircraft Serial Number:		
Aircraft FAA Registration Number:		
UAS Flight Information		
Proposed Flight Location(s):		Flight Plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Flight Date:	Proposed Time:	Maximum Altitude:
If inside a building, Building Space Owner Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Building Name/Number:	Room Name/Number:	
Purpose of the Flight: (check one)	<input type="checkbox"/> Building Inspection <input type="checkbox"/> Filming for RIT <input checked="" type="checkbox"/> Filming for 3 rd party <input type="checkbox"/> RIT Class Project <input type="checkbox"/> RIT Research <input type="checkbox"/> Other (please describe)_____	
Photographs or Video taken During Flight**: <input type="checkbox"/> Yes <input type="checkbox"/> No		
**Photographs/video taken for research purposes which involve living people must be documented as part of a study registered with IRB.		
<input type="checkbox"/> I acknowledge that I have read the RIT Unmanned Aerial System Use Policy and agree to the conditions set forth. I further acknowledge that I will report any accident or unsafe condition immediately in accordance with RIT Policy and FAA regulations.		
Signature of Applicant:		
(RIT Official Use Only)	<input type="checkbox"/> Flight Approved <input type="checkbox"/> Flight Denied	Date:
Signature:		