NAME(S) OF APPLICANT(S) [Person(s) shown on evidence of ownership. If individual, give last name, first name and middle initial]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (for first applicant listed above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Affiliation if not JHU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Outside organizations registering their UAVs to fly over JHU property must provide proof of insurance, vehicle registration, and a copy of RPIC’s license for each flight**

JHU Affiliates should fill out the section below.

|  |  |  |  |
| --- | --- | --- | --- |
| PI /Supervisor |  | Dept. / School |  |
| Remote Pilot in Command |  | Dept. / School |  |
| Storage Location | Building |  | Room  |  |

 **Description:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brand |  | Model |  | GVW |  |
| Serial Number |  | FAA –N-Number  |  |
| **Remote ID S/N** |  |
| **Details** |
| Number of Rotors |  | Typical flight time |  |  min | Max. Hor. Velocity |  | m/s |
| Max Altitude |  | meters | Dimensions |  | H x W x L in m |
| Link to manual or data sheet  |  |

**NOTE – IF the remote ID # was installed at the factory, use the UAS S/N**

**Copy of Small UAS Certificate of Registration**

**Photos (have minimum of four views – Top, Side, Front and Bottom - Include one showing N-Number)**

|  |  |
| --- | --- |
|  |  |
| **Top View** | **Bottom View** |

|  |  |
| --- | --- |
|  |  |
| **Front View**  | **Side View**  |

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed and cleared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_