

Austin Police Department Air Support Robotics Unit Unmanned Aerial Operations Request

Unmanned Aerial Flight Team Information

Remote Pilot In Command (RPIC) PRINT Name: _____
Drivers License/ID number: _____ DL/ID State: _____
DOB: _____ Sex: M / F Race/Ethnicity: _____
Cell Phone: _____ Email: _____
Company: _____ Address: _____
UA/Mission Insurance Company: _____
UA Insurance Policy #: _____ UA Insurance Company Phone #: _____
Remote Pilot License Number: _____ (Attach RENEWAL CERTIFICATE if issued over 24MO)
Visual Observers/Additional Flight Team Support used: Y/N Visual Observer Skilled/Certificated Remote Pilot: Y/N
VO FAA Remote Pilot License #: _____ (Attach RENEWAL CERTIFICATE if issued over 24MO)
***If listing additional Flight Team members please include as an attached document.**

Unmanned Aerial System Information

UA Platform being used: **Circle all that apply** custom built / manufactured / Multirotor/VTOL / fix-wing / other
Manufacture Make: _____ Model: _____
All Up Weight (AUW): _____ Dimensions: _____ Max Speed: _____
Hours on platform: _____ Hours on platform with added display/payload/cargo: _____
Maintenance Log available: Y/N Weather/wind effects on platforms configuration for flight: _____

Unmanned Aerial Mission Information

Date/s Requested for Operation: _____ Time: _____
Rain/Weather Makeup Date/s Requested: _____
Flight operations area/location: _____

***If listing additional locations please include as an attached document.**

Launch/Land Area Requested (Be specific, address/latitude and longitude): _____
Maps/Diagram of Flight Operations Area Available: Y/N ***If yes please attach to this document**
Maps/Diagram of Flight ingress and egress: Y/N ***If yes please attach to this document**
FAA Waivers needed: Y/N ***If Yes which waiver is required:** _____
Required FAA Waivers ID #: _____
Emergency Plan/Procedure: Y/N ***If yes please attach to this document**
Weather contingency plan: Y/N ***If yes please attach to this document**
Flight duration: _____ Flight altitude (AGL): _____
How many Flights Planned or time frame flight started and will conclude: _____
UA Command and Control: **Circle one** automated or autonomous (controlled by computer)/ manually (RPIC)
(*Unless a FAA waiver is presented for multiple UA system operated by single RPIC, each UA is required to have a RPIC at controls.)

Summary of Requested Unmanned Aerial Operating: _____

***Please attach any additional documents, diagrams or material associated with this requested aerial operation.**

Signature Disclaimer

***I hereby certify that the above information is true, complete and accurate to the best of my knowledge.**

Printed Name: _____ Date: _____

Signature: _____ Questions Email john.Buell@austintexas.gov