

Prospective UAS operators must submit to the CSU Chico UAS Review Board (URB) a ***Flight Operations Proposal***, which must be reviewed, revised as necessary according to FAA, University, and other guidelines, and approved by the URB as a ***Flight Operations Plan*** allowing deployment.

***Submit proposals to:*** c/o O UAS Review Board, CSU Chico Office of Risk Management, Kendall 205, 400 West 1<sup>st</sup> Street, Chico, CA 95929-0130. Submit to [Risk@CSUChico.edu](mailto:Risk@CSUChico.edu)

### I. Personal Information

#### Contact Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local/Campus Address \_\_\_\_\_  
Cell /Local phone \_\_\_\_\_ Email \_\_\_\_\_

#### University Unit (or Business/Agency) Name and Address

University Unit: College \_\_\_\_\_ Unit/Department \_\_\_\_\_  
Business/Agency: Name \_\_\_\_\_ Address \_\_\_\_\_  
Position (e.g., Assistant Professor, Center Staff, Student; Other) \_\_\_\_\_

### II. Description of UAS Use

1. **Proof of UAS registration with FAA is attached to this proposal** Yes No  
(attach PDF copy to email with submitted Flight Operations Proposal)

2. **Operation of UAS is authorized under:**

Public COA Commercial COA Part 107  
Hobbyist/Recreational Use Other (describe) \_\_\_\_\_

3. **Identity of the pilot(s) or other remote operator(s). Provide copy of license and/or certification for each operator.**

- The pilot/operator is the principal applicant whose information is provided in Section I.  
--Other pilots/operators include the following [In addition to license and/or certification, for each operator provide: 1) Last name, First name, Middle initial 2) Campus Unit (or Business) name and address; 3) Cell phone number; 4) Email address]

**Note:** CSU Chico is located in Class D airspace given its proximity to airports and landing sites. FAA requires you to request and acquire an approved waiver in such airspaces (see <https://www.faa.gov/uas/>). Proof of this waiver is required for approval to use CSU Chico airspace. Use of Class G airspace (e.g., remote locations) does not require this waiver.

**4. Type of Operation:**

Manual       Robotic

**5. Describe UAS and associated equipment to be used.**

Documentation of aviation liability insurance for privately-owned UAS is provided  
*(attach to email with submitted Flight Operations Proposal)*

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**6. Describe financial support of UAS**

*(personally owned, university-funded (provide campus unit name), grant-funded (provide project number and/or name), other (e.g., business-funded)*

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**7. Describe the purpose, nature (research, instruction, other), and objectives of the work to be undertaken, and the need for UAS to accomplish goals:**

**8. Dates/schedule of activities to be undertaken and flight plan(s). If possible, include a map showing geofence boundary, proposed flight pattern, and type(s) of airspace to be used.**

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*Note:* proof of access to public or private property is required

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**9. Describe all forms of data (including imagery) to be collected, how they will be used and provisions for security of the equipment and of any sensitive data collected.**

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**10. Describe communication plan for notifying University Police, local police agencies, and Chico area airports, as appropriate, in the overflight radius of planned operations each time a UAS is flown.**

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***Important Notice:*** Operating UAS at CSU Chico without an approved Flight Operations Plan violates university regulations, which can result in serious administrative actions upon the perpetrator(s). UAS operated in violation of any federal, state, or local laws or contract provisions will be subject to grounding. Persons witnessing suspected misuse of UAS in association with CSU Chico should contact **University Police [call 53-898-5555]**. Any incidents that result in property damage or injury must also be reported as soon as possible to University Police.