**UAS Exemption Request**

|  |
| --- |
| **Operation Department** |
| Name |  |
| Department  |  |
| **Aircraft** |
| FAA Registration # of all units | [If this is an operational Exemption, please coordinate with EHS&RM to ensure units used have registration and insurance]. |
| UAS Image |  |
| **Mission** |
| Location (Include GPS coordinates) |  |
| Number of Participants |  |
| Number of FlightsOrOperational Exemption | [Is this for a single flight or for an entire operation] |
| Mission Goal/exemption needed | [Describe the mission, its goal, and exemption needed to complete this mission] |
| Date(s) |  |

|  |
| --- |
| **Safety Hazards and Mitigations** |
| **Hazard****Ex. Trees, People, Buildings** | **Mitigation****(Managing the Hazard, Ex. signage, additional spotters, etc. )** |
|  |  |
|  |  |

|  |
| --- |
| **Crew Information** |
| **Crew Name** | **Position** | **Contact Information** | **Credentials/Experience** |
|  | Pilot In Command |  |  |
|  | Visual Observer |  |  |
|  | (Other, Specify) |  |  |

|  |
| --- |
| **EHS&RM Evaluation Response Only** |
| Flight  |  [ ]  Approved [ ]  Denied  |
| Mission Acceptability |  |
| Safety Evaluation and Mitigation Evaluation |  |
| Approver: |  |

|  |
| --- |
| I verify that this information is correct to the best of my knowledge. I agree to follow FAA regulations and guidelines submitted by EHS&RNM for the requested flight exemption.  |
| Name: | Signature: |
| Date: |  |