EAST TENNESSEE STATE UNIVERSITY
POLICE DEPARTMENT

UNMANNED AIRCRAFT SYSTEMS (UAS) / DRONE AUTHORIZATION REQUEST FORM

In accordance with the ETSU Unmanned Aircraft Systems (UAS) / Drone Operations Policy

INSTRUCTIONS
Submit this form at least ten (10) business days before the proposed operation. ETSU Police may shorten or waive this period when circumstances reasonably require. Incomplete forms may be returned. A covered operation may not proceed without written authorization, which may include conditions. Emergency and public-safety operations are governed by the policy's emergency procedures.

SECTION 1 – REMOTE PILOT IN COMMAND & VISUAL OBSERVER(S)

Full Name of Remote Pilot in Command	
Affiliation / Department / Organization	
Phone Number	
Email Address	
FAA Credential (as applicable): Part 107 Certificate No. or TRUST Completion Date	
Visual Observer Name(s) (if any)	
Visual Observer Contact Phone / Email	

SECTION 2 – UAS / AIRCRAFT INFORMATION

Make / Manufacturer	
Model	
Takeoff Weight (lbs)	
FAA Registration Number (if required)	
Remote ID Status (Standard / Broadcast Module / Not Required / Other)	
Serial Number	

Aircraft Type: ☐ Multirotor ☐ Fixed-Wing ☐ Hybrid ☐ Other: _____

SECTION 3 – PROPOSED OPERATION DETAILS

Proposed Date(s) of Operation	
Proposed Start Time	
Proposed End Time / Duration	
Proposed Maximum Altitude (AGL)	
Primary Launch / Landing / Operator Location (describe or attach map)	

Basis for ETSU authorization (check all that apply):

☐ Launch / land / operate from University Property ☐ ETSU-owned or leased UAS

☐ On behalf of ETSU or in connection with a University-sponsored event, activity, or program

Purpose of Flight (check all that apply):

☐ Academic / Research / Instructional

☐ Facilities / Infrastructure Inspection

☐ Marketing / Media / Photography / Videography

☐ Public Safety / Emergency Support (non-emergency)

☐ University Event Coverage (including athletic or ticketed event / practice)

☐ Other: _____

Detailed Description of Proposed Operating Area, Flight Path, and Activities:

SECTION 4 – INSURANCE & CREDENTIAL DOCUMENTATION

Attach the following, as applicable (check when attached):

☐ FAA credential required for the operation (Part 107 certificate or TRUST completion certificate)

☐ FAA Aircraft Registration Certificate (if required)

☐ Proof of Liability Insurance or confirmation of applicable University coverage

☐ FAA waiver or airspace authorization (if required)

☐ Map / diagram of proposed locations and operating area, plus any requested coordination or risk-mitigation documentation

SECTION 5 – OPERATIONS THAT MAY AFFECT A NEARBY HELIPORT

The remote pilot in command must not interfere with any crewed-aircraft operation, must yield the right-of-way to all crewed aircraft, and must immediately land or otherwise terminate the UAS operation when necessary to avoid interference. Complete the applicable statement:

☐ The proposed operation is not expected to affect Johnson City Medical Center Heliport (TN91) or another nearby heliport.

☐ The proposed operation may affect TN91 or another nearby heliport.

Proposed coordination / risk-mitigation measures (attach documentation if requested by ETSU Police):

_____

SECTION 6 – APPLICANT ACKNOWLEDGMENTS & CERTIFICATION

By signing below, I certify and acknowledge that:

1. I have read and understand the ETSU Unmanned Aircraft Systems (UAS) / Drone Operations Policy and will comply with that policy and all applicable federal and state law.
2. I understand that ETSU authorization covers only University-controlled aspects of the operation and does not replace any FAA certificate, registration, Remote ID requirement, waiver, airspace authorization, or other legal requirement.
3. I will comply with applicable FAA operating requirements, yield the right-of-way to all crewed aircraft, and immediately land or otherwise terminate the operation when necessary to avoid interference.
4. I will obtain any additional approval required for an athletic or ticketed event, practice, or operation involving University School grounds, and will comply with applicable privacy, surveillance, data-use, and University requirements.
5. I understand that ETSU may deny, suspend, or revoke authorization; direct me to cease the operation or leave University Property; and, as applicable, refer the matter for University discipline or to the appropriate enforcement authority.
6. All information provided on this form is true and complete to the best of my knowledge.

Remote Pilot Signature: _____ Printed Name: _____ Date: _____	**Supervisor / Responsible ETSU Official (if applicable):** _____ Printed Name / Title: _____ Date: _____

SECTION 7 – FOR ETSU POLICE DEPARTMENT USE ONLY

Date Request Received	
Reviewed By	
Coordination Completed With (Athletics / University School / Risk Management / Facilities / Hospital / Other)	

Decision:

☐ APPROVED ☐ APPROVED WITH CONDITIONS ☐ DENIED

Conditions of Approval / Basis for Denial (if applicable):

Approving Official Signature: _____ Printed Name / Rank: _____ Date: _____	**Authorization Number (if assigned):** _____ Valid From: _____ To: _____

Retain a copy of the written authorization during the operation. ETSU authorization does not replace any FAA certificate, waiver, airspace authorization, or other legal requirement.