

Request to Operate UAS at Wheaton College

Anyone wishing to operate a UAS (i.e. drone) on Wheaton College Property must submit the request form seven (7) days in advance of requested flight date to the Department of Campus Safety at publicsafety@wheatoncollege.edu. All requests to fly must be in compliance with Wheaton College's Uncrewed Aircraft System (Drone) Policy. All fields must be completed

Requestor Name: _____

Names of pilot(s)/person(s) who will be operating the UAS: _____

Requestor Phone: _____

UAS Make: _____

Requestor Email: _____

UAS Model: _____

Purpose of Flight: _____

UAS Registration Number: _____

Proposed flight date(s): _____

Remote Pilot Certificate Number (if flying under Part 107): _____

Proposed flight time(s): _____

Proposed flight location(s): _____

Pilot Status:

- Student
- Faculty
- Staff
- Contractor / Third Party Operator

Contractor or company name (if non-affiliated): _____

Note: Third Party Operators must comply with the additional requirements outlined in the [College's policy](#).

Will any video, images, footage or other data be collected during the flight?

- Yes
- No

Assurances:

Wheaton College is within 5 miles of Mansfield Municipal Airport. It is the responsibility of the operator, if granted approval by Wheaton to fly, to also contact the airport for permission prior to flying.

- I will abide by all applicable policies and procedures while conducting UAS operations under the auspices of Wheaton College or as part of a Wheaton College related activity.
- I will secure all necessary approvals prior to conducting UAS operations.
- If and when approval is granted, I will conduct a thorough pre-flight check prior to each flight and will make note of any modification needed to UAS prior to flight.
- I will fly in a manner that does not cause or create undue hazards to persons or property.
- In the case of an incident causing serious injury or harm to personnel and or damage to any property other than the UAS itself, I will notify Public Safety immediately with a detailed description of what occurred.

By signing below, the individual/entity submitting this request agrees to and will abide by all college policies governing the use of Uncrewed Aircraft Systems on or over college property or sponsored event. The college reserves the right to request additional documentation as a condition of approval and operation. In addition, any operator violating any portion of the [College's Uncrewed Aircraft Systems \(UAS\) Policy](#), will be held accountable for their actions.

Signature: _____ Date: _____

(Typing your name above constitutes your electronic signature.)