USE OF UNMANNED AIRCRAFT SYSTEMS/DRONE REQUEST

	Contact Information
Name of Applicant/Requestor:	
If applicable, Department or Company:	
Contact Phone #:	
E-Mail Address:	
Flight	Details/Plan of Activities
Purpose of Drone flight:	
Proposed Dates of Flight:	
Proposed Time of Flight:	
Estimated Flight Duration:	
Estimated Flight Altitude:	
School Site/District Property:	
UAS/Drone E	quipment Information to be Used
Drone Description:	
Make / Model/ID #:	
FAA Registration #:	
Approximate Weight:	
Aircraft Owner:	
Current Status of Required licenses/Permissions:	
Provision for Equipment/Data Security:	
	Pilot Information
Pilot Name:	
Copy Remote Pilot Certificate Attached	
	Data to be Collected
Proposed Data to be Collected (including imagery):	
Intended Use of Data:	

WEST STREET	OLIVE VIEW	WOODSON	RANCHO TEHAMA	MAYWOOD MIDDLE	COLUMBIA
ELEMENTARY	ELEMENTARY	ELEMENTARY	ELEMENTARY	SCHOOL	ACADEMY