



Subject: Unmanned Aircraft Systems (UAS) at The University of Vermont

Dear Applicant,

The UVM Unmanned Aircraft System Work Group (UASWG) is responsible for approving applications to fly a UAS on University property and/or at University sponsored events held off-campus. The University expects all applicants to fully comply with all current FAA regulations pertaining to small UAS flights, and the University's UAS University Operating Procedure (UOP) at [Attachment 1](#).

Applicants should submit their application, [Attachment 2](#), to the UASWG chair, John Marcus by email at emergency@uvm.edu, with all required documents (see checklist below) at least ***15 business days prior*** to the day the applicant wants to fly. The application and all additional forms and/or documents must be completed, signed and dated.

An application is required for each initial request to operate UAS by any UVM affiliate or non-UVM organization on University property and/or at University sponsored events held off-campus. UVM affiliate groups that regularly operate UAS may be granted an allowance to utilize equivalent UASWG-approved digital systems to replace the paperwork application packet.

Special points of emphasis and/or guidance to applicants:

- Model aircraft, UAS, and drones flown for hobby or recreational purposes are not permitted on the UVM campus, or at University sponsored events off-campus.
- Flights are limited to flying aircraft operated under FAA Part 107 regulations, UAS requested (or as amended) in the UVM's FAA COA/333 Exemption application, or as allowed in accordance with the most current FAA regulations as applied to UAS.
- Proof of insurance (certificate) showing minimum coverage (\$2.5M for bodily injury and/or property damage liability; \$25K for medical expenses to third parties; and \$10K for dismemberment or death) must be submitted with the application.
- All operating documents must be accessible during UAS flights/operations and made available to any UVM or local law enforcement upon request.
- All aircraft must be identified by serial number and have FAA identification markings visible on the aircraft.
- Some form of risk assessment must be included with the application. The risk assessment should identify the risks associated with the proposed flight, what the impacts and likelihood of the risks are should they occur, what mitigation strategies will be employed to reduce the risk impact or likelihood, and who is responsible for implementing those strategies.
- A map showing the planned flight in Keyhole Markup Language (KML) or Geographic Information System (GIS) layer should be provided with the application.



The University of Vermont

OFFICE OF AUDIT AND COMPLIANCE SERVICES
UVM.EDU/POLICIES



UNIVERSITY OPERATING PROCEDURE



The University of Vermont

UAS WORKING GROUP

On behalf of the
Vice President for Operations and Public Safety

Checklist:

- ┌ Obtain advanced approval to fly on UVM property or at UVM sponsored events on/off campus from UVM's UASWG.
- ┌ Submit completed application along with:
 - Attach proof that the remote pilot in charge is certified or licensed to operate the UAS.
 - Attach proof of FAA UAS registration.
 - Attach proof of private insurance (usually a certificate from your insurer) clearly indicating that the minimum coverage is equal to, or greater than the following:
\$2.5M for bodily injury and/or property damage liability; \$25K for medical expenses to third parties; and \$10K for dismemberment or death.
 - Attach a risk assessment or pre-flight checklist for the flight(s) (may be embedded in the application or attached as a separate document)
 - Attach a map showing the planned flight in Keyhole Markup Language (KML) or Geographic Information System (GIS) layer.
 - Attach a signed UVM risk acknowledgment (indemnification) of UAS operations for each participant.
 - Verify Burlington International Airport (BTV) has been notified and acknowledges the planned flight (if within 5 miles of BTV). Attach proof of airspace authorization when flying within BTV Class C airspace.
 - Attach any relevant and FAA-approved operational waivers, if requesting to operate outside the limitations of an FAA regulation.

Questions and/or concerns should be addressed to the UASWG Chair either by email at emergency@uvm.edu, or by phone at (802) 656-4363.



The University of Vermont

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UNIVERSITY OPERATING PROCEDURE

Sincerely,
The University of Vermont UASWG

Attachments:

1. UVM UOP
2. UVM UAS Application
3. UVM Risk Assessment Template
4. UVM Risk Acknowledgment (indemnification) of UAS Operations
5. UVM UAS Incident / Accident Report



UAS Flight Operation Application

Applicant Information

Name of organization/company:

Contact name:

Check one: UVM Affiliate
 Non-UVM

Email:

Phone:

Mailing address:

City:

State:

ZIP Code:

UAS Information

Aircraft Model:

Weight/Dimensions:

UAS Registered with FAA:
 Yes No

Registration Number:

Operating under:
 COA
 Section 333 Exempt
 Part 107
 Other: _____

Licensed Remote Pilot:
 Yes
 No

Remote Pilot Certificate Number:

Insurance coverage:
 Yes No

Amount if covered:

Insurer:

Mission Information

Type of Flight: Public/Civil Use
 Commercial Use
 Education or Instruction

Please provide the purpose of the flight and any details about the flight operations planned:

Date of proposed flight:

Pilot Name:

Pilot contact info: (phone no. / email address)

Specific Location:

Starting Time:

Ending Time:

FAA Airspace Authorization (UVM is within controlled airspace of BTM): Yes No



UAS Flight Operation Application

Please Sign and Date

By signing this document, you are indicating that you will comply with all University Policies and Procedures and FAA Guidance, Rules, and Regulations relating to UAS operations.

As part of the application:

- Attach proof that the pilot in charge is certified or licensed to operate the UAS.
- Attach proof of FAA UAS registration.
- Attach proof of private insurance (usually a certificate from your insurer) clearly indicating that the minimum coverage is equal to, or greater than the following: \$2.5M for bodily injury and/or property damage liability; \$25K for medical expenses to third parties; and \$10K for dismemberment or death.
- Attach a risk assessment or pre-flight checklist for the flight(s) (may be embedded in the application or attached as a separate document)
- Attach a map showing the planned flight in Keyhole Markup Language (KML) or Geographic Information System (GIS) layer.
- Attach a signed UVM risk acknowledgment (indemnification) of UAS operations for each participant.
- Verify FAA approval for planned flight operation in restricted airspace (if within 5 miles of Burlington International Airport [BTV]) and attach associated documentation.

Printed Name:

Signature:

Date:

FOR UVM USE: Signatures

Application is: Approved
 Disapproved
 Approved with modifications

Modifications:

Sponsoring affiliate
for flight:

Signature:

Date:

Name of approving
UAS Working
Group Member:

Signature:

Date:



ATTACHMENT 3

UAS FLIGHT OPERATION - RISK ASSESSMENT

This form may be used as a template to conduct a risk assessment related to the proposed UAS operation. List the potential risks in the left column and proposed mitigation and management techniques for that risk in the right column. An existing pre-flight checklist and/or other form of existing risk assessment may be submitted with the application in lieu of this assessment form.

RISK	RISK MANAGEMENT/MITIGATION



ATTACHMENT 5

UAS Incident / Accident Report

Date: _____ Time of incident: _____

Name of person reporting incident (please print): _____

Street

Address _____

City _____ State _____ Phone #: _____

Name of Pilot-in-Command (please print): _____

Location of Incident (please provide City, Town, and Lat/Long if known): _____

Nature of the Incident (weather, mechanical failure, operator error): _____

COMPLETE THIS SECTION IF THERE WAS AN INJURY:

Type of Bodily Injury (If any): _____

The injured person(s) is a: Student _____ Non-affiliate _____ Employee _____

Location of incident: _____

Name(s) of Person(s) injured: _____

Describe exactly what happened: _____

Emergency medical treatment given? _____ Yes _____ No

To Whom? _____ By whom? _____

Describe procedure(s): _____

Person(s) taken to hospital? _____ Yes _____ No Name(s): _____

Name of hospital: _____

Were police called to the scene? _____ Yes _____ No

Name of police department and officer: _____



COMPLETE THIS SECTION IF THERE WAS PROPERTY DAMAGE:

Property Damage (including damage to another's vehicle):

Type of property: _____

Location of property: _____

Property owner's Name: _____

Street Address: _____

City _____ State _____ Phone #: _____

Nature and circumstances of damage:

Estimated Cost to repair: \$ _____

Were police notified? _____ Yes _____ No

Name of officer and police department: _____

Witnesses names and addresses:

Signature of UVM manager or 3rd party supervisor in charge _____ Date _____

DEPARTMENT: _____

Send or e-mail a copy of this report [BOTH PAGES] immediately after the incident to:

John Marcus, Chair
UAS Working Group
109 South Prospect Street
Burlington, VT 05405
802-656-4363

UAS WORKING GROUP

uaswg@uvm.edu

https://www.uvm.edu/emergency/uas_and_drones_uvm