

Internal UAV Permit Application

The Concordia University Internal UAV Permit is required for all **indoor** activities involving Drone or Model Air Craft flight operations on university premises. This application must be returned to ehs@concordia.ca or to the EHS office at SGW-GM-1000.

For outdoor activities, consult the UAV Decision Tree (EHS-DOC-151). For more information, contact EHS at ext. 4877.

Application Type	<input type="checkbox"/> New [*]
	<input type="checkbox"/> Renewal [◇] No changes requested
	<input type="checkbox"/> Amendment [†] Changes requested to: <input type="checkbox"/> A. UAV Permit Holder Information <input type="checkbox"/> B. Operations Supervisor <input type="checkbox"/> C. Purpose of Flight Operations <input type="checkbox"/> D. UAV <input type="checkbox"/> E. Area of Flight Operations <input type="checkbox"/> F. UAV Operational Safety <input type="checkbox"/> G. Authorized Operators <input type="checkbox"/> H. Required Signature

* For New applications, complete the entire form.

◇ For Renewal requests with **No Changes**, provide your current UAV Permit Number; sign section H.

† For Amendment requests, provide your current UAV Permit Number; specify the section(s) of the application to which you will be requesting changes; complete the appropriate section(s) of the application; sign section H.

A. Internal UAV Permit Holder / Applicant

Name	
Department/Group/Company	
Email	
Phone	

B. Operations Supervisor

If different from Requestor (person responsible for flight and ground operations)

Operations Supervisor	
Department/Group/Company	
Email	
Phone	

C. Purpose of UAV Flight Operations

- Research
- Academic Teaching
- Student Group (UAVConcordia, SAE)
- Other *Please specify:* _____

List projects associated with this permit application, and/or intended use:

D. UAVs

Specify UAV equipment pertaining to this permit application. If necessary use the EHS-FORM-114 UAV Registration Form to add more UAVs to this permit application.

	UAV Type	Manufacturer	Model	Serial Number	Weight (kg)	Comm. range (m)
<i>e.g.</i>	<i>Drone</i>	<i>Drones R' Us</i>	<i>Pygmalion Pro Quad Copter</i>	<i>012459</i>	<i>0.985</i>	<i>100</i>
1						
2						

	Dimensions (L x W) (cm)	Height (cm)	Propeller or rotor span (cm)	Max RPM	Power Type* and Capacity (mAh)	Est. Flight Time (min)	Average Speed / Max Speed (m/s)
<i>e.g.</i>	<i>42 x 33</i>	<i>16</i>	<i>15 (x4)</i>	<i>3800</i>	<i>LiPo - 4800 mAh</i>	<i>28</i>	<i>4.2 / 9.8</i>
1							
2							

*Please note that certain battery types carry with them other inherent risks when damaged. See our [Lithium Battery Safety Guidelines](http://concordia.ca/ehs) available at <http://concordia.ca/ehs>.

E. Area of Flight Operations

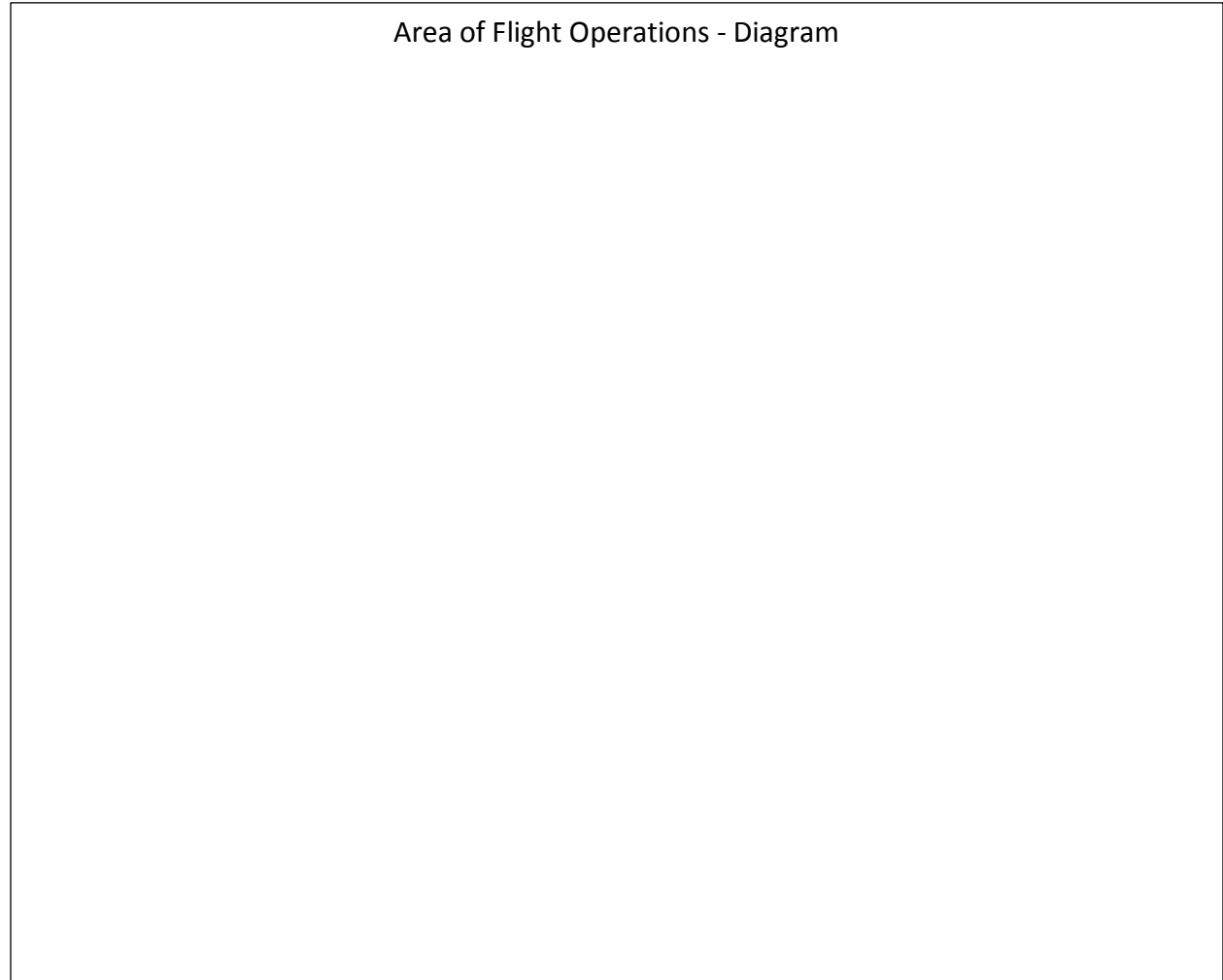
Is the flight operation in an indoor location with access controls*? YES NO
Access controls enable operators to prevent persons not associated with the operations from entering the controlled space.

If 'YES', specify location: _____

If 'NO', attach a photo, diagram or floorplan for the area under consideration for flight operations. Using the following as a legend, indicate the location of the following by placing the number on the diagram or attached floorplan:

1. flight operations boundary, indicated with a dashed line e.g. --- (1) ---
2. overhead obstacles e.g. ___(2)___
3. launch site,
4. operator control area,
5. personnel access control points
6. other personnel expected to be present

Area of Flight Operations - Diagram



F. UAV Operational Safety

- Public access limited within flight operations area YES NO
- If no, will support from Security of Facilities Operations be required? YES NO
- Line of sight flight operations YES NO
- Flyer point of view (POV) operations YES NO
- Pre-flight safety checklist employed (attach a copy) YES NO
- UAV equipped with camera or video recorder YES NO

UAV Safety Measures Available	Yes	No
Telemetry data <i>specify:</i> (e.g. altitude, position, GPS, accelerometer, attitude, pitch, yaw)	<input type="checkbox"/>	<input type="checkbox"/>
Remaining battery life/flight time indicator or alert system	<input type="checkbox"/>	<input type="checkbox"/>
Rotor guard(s) or propeller guard	<input type="checkbox"/>	<input type="checkbox"/>
Crash/contact alert system	<input type="checkbox"/>	<input type="checkbox"/>
Automated return home programming	<input type="checkbox"/>	<input type="checkbox"/>
Automated safe landing programming	<input type="checkbox"/>	<input type="checkbox"/>
Automated loiter mode	<input type="checkbox"/>	<input type="checkbox"/>
Automated circle/maintain mode	<input type="checkbox"/>	<input type="checkbox"/>

* If a SOP has been developed, or an SFOC obtained, please attached it to this application

G. Authorized Operators

Please specify the authorised users of the UAV equipment. These persons will be listed on the UAV Permit as flight operators. Please specify any flight training or hours of flight experience with UAV systems.

Name	Status (staff, student)	ID Number	Aviation Flight Certification Yes/No	Hours of UAV Flight Operations		Flight School Ground Training Yes/No	Model Aircraft Flight Experience Yes/No
				Vertical lift	Fixed Wing		

H. Required Signature

The applicant acknowledges that the flight operations using the above UAV devices will be carried out under his/her supervision and shall only be used for the purposes identified within this permit application form.

Applicant's Name

Signature

Date