

## UAV Request For Permission to Fly

Complete this form in order to obtain permission to fly a UAV on Concordia University property for work and research. The designation 'Work' includes all facilities operations activities involving UAV and all contractors working on behalf of the University on University premises. Contractors must specify their liaison with Concordia University and give the contact information for their contacts at the university. For more information, contact EHS at ext. 4877. This application must be returned to [ehs@concordia.ca](mailto:ehs@concordia.ca) or to the EHS office at SGW-GM-1000.

### **A. Requestor**

<b>Name</b>	
<b>Department/Group/Company</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Office/Space</b>	

If Requestor is external (contractor, commercial operator), please identify the person at Concordia University that will act as your liaison:

<b>Name</b>	
<b>Department</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Office/Space</b>	

### **B. Operations supervisor**

*If different from Applicant (this is the person responsible for flight operations, and may be different from the ground supervisor)*

<b>Operations supervisor</b>	
<b>Department/Group</b>	
<b>Email</b>	
<b>Phone</b>	

### **Ground supervisor**

*If different from Applicant (this is the person responsible for ground operations, and may be different from the operations supervisor)*

<b>Ground supervisor</b>	
<b>Department/Group</b>	
<b>Email</b>	
<b>Phone</b>	

**C. Specify Purpose of UAV Flight Operations**

- Research
- Teaching
- Student Group (e.g. UAVConcordia, SAE) *Please specify:* \_\_\_\_\_
- Work (Facilities Management, Contractor, Commercial Operator)
- Other *Please specify:* \_\_\_\_\_

**Provide a short description of the intended use:**


**D. UAV**

Specify UAV equipment pertaining to this request.

	*TC Reg. #	Manufacturer	Model	Serial Number	Weight (kg)	Comm. range (m)
e.g.	C-1827459426	Drones R' Us	Pygmalion Pro Quad Copter	012459	0.985	100
1						
2						
3						

\* TC Reg. # is the registration number that must be visible on the drone. Transport Canada issues the registration number once the drone is registered on the [Transport Canada portal](#).

	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)
e.g.	42 x 33	16	15 (x4)	3800	LiPo - 4800 mAh	28	4.2 / 9.8
1							
2							
3							

\* 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>.

*Please also specify:*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Is the UAV labelled with Transport Canada Registration number?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| If less than 250 g, is the UAV marked with the owner name and contact information? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the operator completed a *Pilot Certificate-Basic Operations?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the operator completed a *Pilot Certificate-Advanced Operations?               | <input type="checkbox"/> | <input type="checkbox"/> |
- \* Pilot Certificate consists of the online Transport Canada exam plus flight review

### **E. Flight Operation Schedule**

Date and times of requested flight (s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **F. 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 map or draw a schematic for the area under consideration for flight operations (see following page).

Using the following as a legend, indicate their location by placing the number on the diagram or attached map:

1. flight operations boundary, indicated with a dashed line e.g. --- (1) ---
2. power lines, telecommunication lines, antennae, indicated with a solid line e.g. \_\_\_\_ (2) \_\_\_\_
3. launch site,
4. operator control area,
5. personnel access control points
6. other personnel or animals expected to be present

Area of Flight Operations - Diagram

**G. UAV Operational Safety**

- Public access limited within flight operations area  YES  NO
- Will you provide sufficient staff to secure area  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 attach it to this application.

**H. Authorized Operators**

Please specify the authorised users of the UAV equipment below. Please specify any flight training or hours of flight experience with UAV systems.

Name	ID Number (if applicable)	Certifications		Hours of UAV Flight Operations	
		Flight Certification	UAV Flight Experience	Vertical lift	Fixed Wing
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

**I. Required Signature**

*The applicant and the flight operations supervisor 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 application form.*

 \_\_\_\_\_  
 Applicant's Name

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Operations supervisor's Name

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date