

# CARMEL UNIFIED SCHOOL DISTRICT

## PERMIT FOR USE OF UNMANNED AERIAL SYSTEMS

Check One:  Hobbyist / Recreational Use

Commercial Use

CONTACT INFORMATION	
Name of Applicant / Requestor:	
Department / Site / Company:	
Contact Phone Number:	
Email Address:	
Flight Details / Plan of Activities	
<b>*PROVIDE FULL DETAILS OF FLIGHT PURPOSE (EDUCATION, RESEARCH, PROMOTIONAL, ETC.)</b>	
*Purpose of Drone Flight:	
Proposed Date of Flight:	
Proposed Time of Flight:	
Estimated Duration of Flight:	
Where Do You Propose to Fly the Drone:	
<input type="checkbox"/> Check here if similar use is intended throughout the school year	
Drone Information	
Drone Description:	
Make / Model / ID Number:	
FAA Registration Number:	
Approximate Weight:	
Aircraft Owner (If other than CUSD)	
Pilot Information	
Pilot Name:	
Instructor Name if Pilot is Student:	
<b>For Commercial Users-Attach Copy of Remote Pilot Certificate.</b>	
By my signature, I agree that the requested drone operation will comply with all applicable FAA and that the drone will not be used to capture or record photographs, video, or audio without CUSD prior written authorization. I have read the Procedures Regarding the Use of Drones on CUSD Property and further agree with the requested drone operation will comply with the terms contained therein.	
Once this form is completed please email it to <a href="mailto:Dpaul@carmelunified.org">Dpaul@carmelunified.org</a> - You will be notified	
Applicant's Signature _____	Date _____
Approved Facilities Department _____	Date _____