

Request to Operate an Unmanned Aerial Vehicle (UAV / Drone) Form

Completion of this form does not imply approval. Drone use on College property is subject to internal approvals.

A. Requester Information

Name:

Department / External Company:

Email:

Phone:

B. Purpose of Drone Use

☐ Facilities / Building Inspection

☐ Construction / Renovation

☐ Marketing / Communications

☐ Academic / Instructional Use

☐ Media / Filming

☐ Other (describe):

Description of activity:

C. Location & Timing

Campus (Ottawa / Pembroke):

Specific areas:

Dates:

Time window:

D. Drone & Operator Details

Weight:

☐ Micro (<250g) ☐ Small (250g–25kg) ☐ Large (>25kg)

Drone make/model:

Operator name:

Pilot Certificate: ☐ Basic ☐ Advanced ☐ Not required

E. Regulatory Compliance

Complies with Transport Canada rules? ☐ Yes ☐ No

Controlled airspace details:

Airport proximity details:

F. Insurance

Operator type: ☐ External ☐ Employee ☐ Student

Certificate of Insurance attached? ☐ Yes ☐ No

Insurer:

G. Acknowledgement

I understand drone use may be restricted or denied.

Signature:

Date: