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|  | **DRONE FLIGHT REQUEST**  State Form 57245 (8-23) | **DEPARTMENT OF ADMINISTRATION**  **CONFERENCE CENTER**  Telephone (317) 233-3117  Fax (317) 233-0011  [conference@idoa.in.gov](mailto:conference@idoa.in.gov) |

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| **Name:**  Click or tap here to enter text. | |
| **Address:**  Click or tap here to enter text. | |
| **Email address:**  Click or tap here to enter text. | **Telephone Number:**  Click or tap here to enter text. |

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| **Requests must be made ten (10) days prior to the request to fly date.** | |
| **Date that you are requesting to fly the drone:**  Click or tap to enter a date. | **Time of day you are requesting to fly the drone:**  Click or tap here to enter time. |
| **The specific area on the Indiana Government Center campus you are requesting to fly the drone, be specific:**  Click or tap here to enter text. | |

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| **Do you possess a USA FAA Remote Pilot License?**  **Yes**  **No** | |
| **If yes, certification number:**  Click or tap here to enter text. | **Date of issuance:**  Click or tap to enter a date. |

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| **Do you have an FAA Small UAS Certificate of Registration?**  **Yes**  **No** | |
| **Manufacturer:**  Click or tap here to enter text. | **Serial Number**  Click or tap here to enter text. |
| **Registration number:**  Click or tap here to enter text. | **Expiration Date:**  Click or tap to enter a date. |

**A copy of a UAS insurance policy must accompany this request.**