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

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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. |

|  |
| --- |
| **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.**