



Sam Houston State University

\$ O H P E R I B Q P D Q Q H U G F S y s t e m / (UAS)
Application/Approval Request Form

This form must be completed and submitted to sharla_miles@shsu.edu for review by the UAS Advisory Committee no less than five (5) business days, prior to the proposed purchase or use of an UAS on University property. The requestor will receive a response within five (5) business days of receipt.

SECTION 1: REQUESTOR/APPLICANT INFORMATION

Applicant Name: First _____ M.I. _____ Last _____

Affiliation: University *Non-University/Third Party

University Department Sponsor/Organization: _____

Mailing Address: _____

Contact Phone #: _____ E-mail Address: _____

SECTION 2: PURPOSE of UAS REQUEST/PROPOSED ACTIVITY

Select the option(s) below that apply:

Purchase – indicate the quantity of drones to be purchased: _____

Operational (Provide complete flight plans below. Plans must include: flight dates and times, maximum altitude, and general location.)

Extended Operational Use (Include justification below):

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