

**AIR VEHICLE APPLICATION FOR EXTERNAL USERS**

(Please allow for a minimum of **20 working days** to process this application by Risk Management)

Name of Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING:**

1. What is the purpose for the use of the UAV? \_\_\_\_\_  
\_\_\_\_\_
2. Who is responsible for this project? \_\_\_\_\_  
\_\_\_\_\_
3. Provide the start and stop dates and times when the UAV is to be used: \_\_\_\_\_  
\_\_\_\_\_
4. Provide the proposed location where the UAV is to be used: \_\_\_\_\_  
\_\_\_\_\_
5. Who will be present in the area of flight other than the applicant? \_\_\_\_\_  
\_\_\_\_\_
6. List the equipment that will be attached to the UAV: \_\_\_\_\_  
\_\_\_\_\_
7. What is the maximum takeoff weight, including all attached equipment, of the UAV? \_\_\_\_\_  
\_\_\_\_\_

**THE NON-RECREATIONAL PILOTING OF DRONES, UAV'S OR ANY OTHER FLYING OBJECT LAUNCHED FROM ONTARIO TECH PROPERTY ARE GOVERNED BY LEGISLATION AND UNIVERSITY RISK MANAGEMENT REQUIREMENTS. THESE INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:**

- 1.

AS THE PILOT OF THE UAV

- \_\_\_\_\_  
Initials      1. I understand that it is my responsibility to read, understand and adhere to all requirements outlined by Transport Canada regarding my use and authorization of the UAV.
- \_\_\_\_\_  
Initials      2. I will ensure that I always have the required documentation with me while piloting the UAV.
- \_\_\_\_\_  
Initials      3. I will report any situations that may arise during my operation of the UAV, where the vehicle has impacted any individuals or property during such operations, to the Office of Risk Management and Security as soon as possible.
- \_\_\_\_\_  
Initials      4. Upon receiving written RPAS authorization from NAV CANADA, I will communicate no less than 24 hours in advance of a flight with Risk Management and Office of Campus Infrastructure and Sustainability as a reminder of flight testing..
- \_\_\_\_\_  
Initials      5. I will call Campus Security at (905) 721-8668 ext. 2400 prior to launch. I will contact Campus Security upon completion of my final flight for the day..
- \_\_\_\_\_  
Initials      6. I agree not to fly the UAV higher than 400 feet.
- \_\_\_\_\_  
Initials      7. I agree to be in compliance and respect of privacy at all times.
- \_\_\_\_\_  
Initials      8. I understand that the penalty from Transport Canada, if the legislation is not adhered to, may result in a fine to me between \$5,000 and \$30,000.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean/Vice-President

\_\_\_\_\_  
Date

Following completion, submit this form and supporting documentation to: Office of Risk Management, Jacquels O 84 316.2 375.6 Tm (20 0 )e (s)3.4 (k).