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**APPLICANT:**

1. Full Name: \_\_\_\_\_
  
2. Business Location and Mailing Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website: \_\_\_\_\_
  
3. Description of Operations and Involvement with UAS/Purpose of Use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGULATIONS:**

1. Note: Operators are only required to answer questions A-C. Non-Operators are only required to answer questions D-H.

**Operators:**

- A. Is your Unmanned Aircraft currently registered or in the process of being registered with the FAA? \_\_\_Yes \_\_\_No
  
- B. Does your Unmanned Aircraft weigh less than 55 pounds and abide by all FAA rules and regulations? \_\_\_Yes \_\_\_No
  
- C. Do you hold a remote pilot airman certificate with a small UAS rating or are under direct supervision of a person who does hold a remote pilot certificate? \_\_\_Yes \_\_\_No

**Non-Operators (Contingent):**

- D. Does your operator, hold a remote pilot airman certificate with a small UAS rating or are under direct supervision of a person who does hold a remote pilot certificate? \_\_\_Yes \_\_\_No
  
- E. Do you require a copy of your operators' remote pilot airman certificate? \_\_\_Yes \_\_\_No
  
- F. Do you require your operator to provide evidence of insurance? \_\_\_Yes \_\_\_No
  
- G. Are you named as an AI on your operators' insurance policy? \_\_\_Yes \_\_\_No
  
- H. Do you have hold harmless agreements in place with your operator? \_\_\_Yes \_\_\_No

**OPERATIONS:**

1. In which state(s) does the Applicant operate? \_\_\_\_\_

2. What are your estimated gross sales for the next 12 months? \_\_\_\_\_
3. Provide percentage (%) of gross sales anticipated in each state listed in question number 1 (Sum must equal 100%) \_\_\_\_\_
4. Do you use subcontractors? \_\_\_\_ Yes \_\_\_\_ No     If Yes, for what purpose?  
\_\_\_\_\_
5. Do you obtain a written contract from all subcontractors which includes a hold harmless clause in your favor? \_\_\_\_ Yes \_\_\_\_ No
6. **Last Five Jobs Recently Completed**, Include customer name, description of the job, duration, and cost.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_

**UNMANNED AIRCRAFT INFORMATION:**

| Year, Make, Model | Serial/FAA number | Maximum Weight | Maximum Endurance |
|-------------------|-------------------|----------------|-------------------|
|                   |                   |                |                   |
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**OPERATOR INFORMATION:**

| Pilot Name | Pilot License Number | Pilot Licensing State |
|------------|----------------------|-----------------------|
|            |                      |                       |
|            |                      |                       |
|            |                      |                       |

**Application must be signed and dated by principal, partner, officer or director of the firm.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Agent or Broker: \_\_\_\_\_