

Entity Name	Date
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1. What is the UAS Make/Model _____ Manufacturer's Serial Number _____

2. What type of UAS: ☐ Vertical Takeoff & Landing ☐ Fixed Wing ☐ Other: _____

3. What type of UAS Control: ☐ Manual Line of Sight ☐ Semi-Autonomous ☐ Fully-Autonomous

4. Description of all intended uses of the UAS:

5. Pilot/Operator Name(s): _____

6. Are all pilot(s)/operator(s) employees of the applicant? ☐ Yes ☐ No

7. Are the pilot(s)/operator(s) certified? ☐ Yes ☐ No

If "Yes", provide the following:

Pilot Name	Airman Certificate Number

If "No", provide the pilot/operator qualifications:

8. Has any pilot/operator ever been cited or fined for violation of an aviation regulation? ☐ Yes ☐ No

9. Maximum Gross Take-Off Weight: _____

10. Maximum Operating Altitude: _____

11. Maximum Range: _____

12. Does the UAS have the ability to independently detect and avoid other aerial traffic and fixed objects? ☐ Yes ☐ No
13. Does the UAS have automated recovery program that allows for it safely return to a predetermined point in the event of loss of communication linked between the ground control system and the UAS? ☐ Yes ☐ No
14. Is the UAS equipped with a programmable altitude control? ☐ Yes ☐ No
15. Estimate the number of hours the UAS is to fly in the next twelve (12) months? _____
16. Have you obtained a Certificate of Waiver or Authorization (CoA) from the FAA? ☐ Yes ☐ No
17. Describe all incidents, accidents or claims involving the UAS in the past five (5) years:
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18. Describe the Maintenance performed on the UAS:
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THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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