

## APPLICATION FOR PILOTING DRONES OR UNMANNED AIR VEHICLES (UAV's) FOR ONTARIO TECH RESEARCH OR EDUCATIONAL PURPOSES

(Please allow for a minimum of 14 working days to process this application by Risk Management)

| Name of Applicant (must be an employee or student):        |  |                                 |               |  |  |  |  |
|--|--|---------------------------------|---------------|--|--|--|--|
| Email:   |  |                                 | Phone Number: |  |  |  |  |
| Ful  | Full Address:  |                                 |               |  |  |  |  |
| Department/Faculty:  |  |                                 | Phone Number: |  |  |  |  |
| Supervisor's Name (must complete if student is applicant): |  |                                 |               |  |  |  |  |
| PLE  | PLEASE ANSWER THE FOLLOWING:   |                                 |               |  |  |  |  |
| 1.   | What is the purpose for the use of the UAV?  | purpose for the use of the UAV? |               |  |  |  |  |
| 2.   | Research project's name, where is the UAV  |                                 |               |  |  |  |  |
| 3.   | Who is the Principle Investigator of the   |                                 |               |  |  |  |  |
| 4.   | Provide the start and stop dates and times when the UAV is to be used:               |                                 |               |  |  |  |  |
| 5.   | Provide the proposed location where the UAV is to be u                               | used:                           |               |  |  |  |  |
|  | Permitted Interior Location  | ation                           |               |  |  |  |  |
| 6.   | Who will be present in the area of flight (other than the researcher)?               |                                 |               |  |  |  |  |
| 7.   | List the equipment that will be attached to the                                      |                                 |               |  |  |  |  |
| 8.   | What is the maximum takeoff weight, including<br>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:

a. For any proposed UAV launch within the ONTARIO TECH Permitted Exterior Location you must have: An Advanced Operations Pilot Certification

b. A drone that is legally registered with Transport Canada

c. A completed Flight Review provided by Transport Canada

## 1. RISK MANAGEMENT REQUIREMENTS FOR ALL UAV OPERATIONS:

a. You must read and understand all of the legislation, rules and regulations that apply to your Pilot Certificate - Advanced Operations,

b. Only UAV's that are the property of ONTARIO TECH or those that are formally leased/loaned to ONTARIO TECH under contract with another company may be used for these purposes. Privately owned UAVs cannot be covered under the university's insurance, nor can they be used for university research purposes.

c. You are required to always have the following documents with you while piloting such aircraft:

- i. A copy of the Pilot Certificate Advanced Operations, Flight Review, Certificate of Registration
- ii. Certificate of Insurance (proof of liability insurance coverage)
- iii. The pilot's name, address and telephone number
- iv. A copy of the UAV system operating limitations

d. All individuals piloting UAVs on behalf of the ONTARIO TECH must request a Certificate of Insurance through the Office of Risk Management in order to operate the UAV. Certificates of Insurance may only be requested by Employees, who may also complete the request on behalf of a student in their department to accompany the Request for Certificate of Insurance.

e. If a student is intended to pilot the aircraft, they must be registered as a student in the semester in which they will be piloting the aircraft, and they must have a supervisor indicated on this form.

f. The pilot is responsible to ensure that they are appropriately trained to pilot such craft, that the UAV is maintained appropriately according to manufacturer's specifications and that the UAV is checked prior to each use to ensure that it is in a fit and safe state for use.

g. You may only fly the UAV on the ONTARIO TECH Permitted Location(s).



## AS THE PILOT OF THE UAV FOR RESEARCH PURPOSES

| Initials       |   |   | nderstand and adhere to all requirements regarding my use of the UAV.  |  |
|----------------|---|---|--|--|
| Initials       | <b>—</b> 2.                                     | . I will ensure that I always have the required documentation with me while piloting the UAV. |  |  |
|                | 3.  |   | y operation of the UAV, where the vehicle has impacted any individuals<br>f Risk Management and Security as soon as possible.  |  |
| Initials       | Innuals   |   | with Risk Management and Office of Campus Infrastructure and   |  |
| Initials       |   | ustainability as a reminder of flight testing.  |  |  |
| Initials       | for permission. Upon receiving permission, I ma |   | ity at (905) 721-8668 ext. 2400 and call the Oshawa Airport (905) 576-2398<br>y begin my launch. Upon completing the last flight of the day, I will again<br>and call the Oshawa Airport (905) 576-2398 advising them of completion. |  |
| 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.  |  |
|                | 8.  |   | da, if the legislation is not adhered to, may result in a fine to me   |  |
| Initials       | _   | between \$3,000 and \$18,000.   |  |  |
|                |   |   |  |  |
|                |   |   |  |  |
|                |   | Signature of Applicant<br>IF APPLICANT IS A STUDENT, THE SUPERV                               | Date   |  |
|                |   |   |  |  |
|                |   |   |  |  |
|                |   | Signature of Supervisor   | Date   |  |
|                |   |   |  |  |
|                | S   | ignature of Dean/Vice-President   | Print Name   |  |
|                |   |   |  |  |
|                |   |   | Date   |  |
| Following c    | omple   | tion, submit this form and supporting documentation to:                                       | Office of Risk Management, Jacquelyn Dupuis  |  |
|                |   |   | Copy 1: Security Services, John Neil   |  |
|                |   |   | Copy 2: Office of Campus Infrastructure & Sustainability, Ken Bright<br>Copy 3: Durham College, Joe Major  |  |
|                |   |   | Copy 4: Durham College, Cheryl Gilroy  |  |
|                |   |   |  |  |
|                |   |   |  |  |
|                | Sign  | ature of Director, Risk Management  | Date   |  |
| Signature of D | irector   | r, Office of Campus Infrastructure and Sustainability   | Date   |  |
|                |   |   |  |  |
|                | Signat  | ture of Vice-President, Administration  | Date   |  |