



**Parks &
Open Space**

APPLICATION for UAS AUTHORIZATION

ADMIN USE ONLY - DO NOT USE THIS SPACE			
Parcel(s)	Date(s)		
Action	In Review	Approved	Disapproved <small>See Remarks</small>
	<i>Map</i>	<i>Photo</i>	<i>Checklist</i>
Authorized POS Agent			

Submission of the information is mandatory.

The data will be utilized for recordkeeping and statistical purposes.

The purpose of this information is to establish eligibility for UAS authorization on Boulder County Parks and Open Space (BCPOS) parcel(s).

Incomplete submission of information may result in delay or denial of request.

INSTRUCTIONS

Applicants requesting a UAS authorization for an aviation event on Boulder County Parks and Open Space parcel(s) must complete all the applicable items on this form (*items 1 through 13*) and attach a properly marked 11x17 map (*scale 1:24,000*) of the proposed operating area. The map must include scale depictions of the flightline(s) and the location(s) of the pilot(s) UAV vision point(s). The applicant must also submit a minimum of one photograph each of the aircraft(s) that will be utilized. The applicant may also wish to submit additional photographs and scale diagrams as supplemental material to assist in the evaluation. The applicant must as well submit a safety pre/post flight checklist that is utilized during the aviation event.

Submit this application and supplemental information to Boulder County Parks and Open Space, UAS Authorization, 5201 St Vrain Rd, Longmont CO 80503. If submitting via electronic mail to bshook@bouldercounty.org, please assure all application materials have been received by contacting Barry Shook at 303-678-618.

Application for UAS authorization must be submitted 30 days prior to the requested date of the aviation event.

1. Name of organization / University		2. Name of responsible person	
3. Permanent mailing address	Number and street	City	State and ZIP code
4. Telephone No.	Home	Cell	Other
5. Email address	Work	Personal	Other
6. State whether the applicant or any of its principal owner(s)/user(s) has an application for UAS authorization pending with BCPOS.			
7. State whether the applicant or any of its principal owner(s)/user(s) has ever had its application for UAS authorization denied, or whether BCPOS has ever withdrawn an application for UAS authorization from the applicant or any of its principal owner(s)/user(s).			
8. Person or representative applicant is working with at BCPOS.			
9. Area of operation (<i>Location, altitudes, etc.</i>).			

10. Detailed description of proposed operation(s) (*Attach supplement if necessary*).

11a. Beginning aviation event.

Date (yyymmdd)

Hour (24hr format)

11b. Ending aviation event.

Date (yyymmdd)

Hour (24hr format)

12a. Aircraft
make and model

12b. Pilot's name
(Last, First)

12c. Certificate number
and rating

12d. Home address
(Number, Street, City, State)

If sufficient space is not available, it may be submitted on a separate sheet.

Please Read

The undersigned applicant accepts full responsibility for the strict observance of the terms of the UAS authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.

13. Certification

I CERTIFY that the foregoing statements are true

Date

Signature of Applicant

Remarks: