

Please Print or Type and complete all applicable items

Remote Pilot Information			
First Name	Last Name	Email	Pilot's Telephone
Company Name		Remote Pilot Certificate/Renewal #	Issued Date
Mailing Address (Street)		City	Zip Code

UAS Registration Information (attach additional pages for multiple UAS)		
FAA UAS Registration #	UAS Make	UAS Model

Visual Observer(s) Information (at least one Visual Observer is required)		
Visual Observer's Name	Visual Observer's Email	Visual Observer's Telephone
Visual Observer's Name	Visual Observer's Email	Visual Observer's Telephone

Pre-flight Data

Operations Description (Attach additional pages for multiple locations)

District	County	Route	Postmile	Planned Operation Date Month ___ Day ___ Year ___	Hours of Operation (24-Hour Time) From ___ to ___
----------	--------	-------	----------	--	--

UAS Operation Purpose (example bridge inspection, special event, or accident reconstruction)

Describe operation and attach diagrams and maps as applicable (include lane closures, site security, bystander protection, etc.)

Remote Pilot Declaration

I, the Remote Pilot in Command, am responsible for the safe operation of UAS activities and declare that I have read and will adhere to the Caltrans UAS Operations Handbook, Caltrans policies and procedures, and all applicable federal and State laws, and local ordinances. And I further declare that I will notify the State's representative prior to any UAS activity within the State Highway right-of-way.

Remote Pilot Signature	Date
-------------------------------	-------------

Required Attachments <input type="checkbox"/> FAA Remote Pilot Certificate or Renewal Certificate <input type="checkbox"/> Certificate of Insurance and Endorsement <input type="checkbox"/> Flight operation diagrams and maps <input type="checkbox"/> Traffic control plans	Waivers (as applicable) <input type="checkbox"/> Flight over non-participants (§107.39) <input type="checkbox"/> Operating from a moving vehicle (§107.25) <input type="checkbox"/> Operating multiple small UAS' (§107.35) <input type="checkbox"/> Night flight (§107.29) <input type="checkbox"/> Flight altitude restrictions (§107.51)
---	---

ADA Notice	For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814
-------------------	---