



UNIVERSITY OF WISCONSIN
OSHKOSH

**Contractor/Consultant Request for Authorization to Operate UAS on
UW Oshkosh Lands**

Contractor/Consultant Name: _____

UWO Project Description: _____

UWO Project Manager: _____

UAS Make, Model: _____

UAS FAA Registration Number: _____

Area(s) of Operation: Address + radius (mi) or Latitude/Longitude Coordinate + Radius
(mi) or encompassing Latitude/Longitude points (rectangular plot): _____

Dates and Times of Intended Flights: _____

Purpose of Flights: _____

As a condition of receiving authorization to operate a UAS on/over University lands as described above, (*name of consultant/contractor*) hereby agrees to the following:

1. Contractor agrees that any photos or images of UWO premises and buildings taken by the UAS will not be used for marketing or promotional purposes without separate written permission of UW Oshkosh.
2. Contractor agrees to maintain flight records of all UAS flights authorized hereunder, and to provide UWO a copy of any FAA accident reports and relevant UAS flight data upon request.
3. Third Party affirms that all flights will be conducted in full compliance with applicable FAA regulations and state, city, and university laws, ordinances, and policy.

Name of Authorized Contractor Signatory (print name)

Date

Signature