Wake Tech Unmanned Aircraft System (UAS) External Authorization Form

(UAS "Drone" Flight Usage on Campus)

Individuals interested in operating an Unmanned Aircraft System (UAS), "drone" on a Wake Technical Community College campus must follow the Wake Tech Unmanned Aircraft Systems Policy and provide advanced notice by completing this form and submitting it **five (5) days** prior to the expected flight plan.

Wake Technical Community College ("Wake Tech") recognizes that the operation of Unmanned Aircraft System (UAS), also referred to as "drones," is popular for both recreational and educational usage. The policy (the "UAS Policy") establishes the minimum requirements for the safe operation of unmanned aircraft systems in and around the Wake Tech campus and shall be a reference to assist with compliance with federal law, Federal Aviation Administration ("FAA") regulations, state and local laws, and Wake Tech policies.

The policy applies to all members of the Wake Tech community, including but not limited to: employees, students, clubs, organizations, vendors and third-party contractors, and any other individuals who are operating a UAS as part of their employment or as part of any Wake Tech-related activity. The policy also applies to any person or entity not affiliated with Wake Tech who may operate a UAS on Wake Tech property or land. This includes recreational and non-recreational aircraft operations. Any person operating a UAS on or above a Wake Tech campus is personally responsible—and bears sole responsibility—for complying with: FAA regulations; federal, state, county, and municipal laws; and all Wake Tech policies, including but not limited to those set out in this UAS Policy.

The Wake Tech UAS Policy and this agreement is to ensure that any UAS operated on a Wake Tech campus complies with all legal obligations.

Campus Location of flight:	Select and contact following representative for preparation of flight & attach the completed form.		
☐	Southern Wake Campus Wes Harlow - dwharlow@waketech.edu 9101 Fayetteville Road Raleigh, NC 27603	☐	Public Safety Education Campus Barbara Thomas - bjthomas3@waketech.edu 321 Chapanoke Road Raleigh, NC 27603
☐	Scott Northern Wake Campus Julie Reichbach - jreichbach@waketech.edu 6600 Louisburg Road Raleigh, NC 27616	☐	Eastern Wake Campus Rachael Davis – rndavis1@waketech.edu 5401 Rolesville Road Wendell, NC 27591

Notice must be provided at least five (5) business days prior to the planned UAS flight(s).

Flight Plans are available for scheduling between 8 a.m. and 5 p.m., Monday – Friday. Locations may not be reserved more than two (2) weeks prior to an activity.

Required Information:	
Responsible Person Name	
Email	Phone

UAS Requirements: ***Initial and validate each requirement, and submit a copy of the required forms with the authorization form***

_____ ☐ Remote Pilot Certificate & Federal Airmen Certificate # _____

_____ ☐ NC UAS Permit # _____

_____ ☐ Certificate of Insurance *(See Attached COI Example for highlighted requirements)*

_____ ☐ Registration number(s) _____ Visible on drone Body _____

_____ ☐ Registration Numbers are Visible on the drone body

_____ ☐ Flight Plan (describe on the form below in ***Flight Plan Description Area***)

I verify all requirements stated above are true and accurate.

_____ _____

Signature Date

All necessary permits must be with all persons during flight activities

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Flight Plan Description:

Date(s) and Time(s) of Planned Flight(s)	Nature of Flight:
	☐ Construction/Contractors ☐ Third-Party Vendors ☐ Other _____

Minimum Limits	
Commercial General Liability	Worker's Compensation
Each Occurrence: $1,000,000	Employer's Liability Limits:
General Aggregate: $2,000,000	Each Accident: $1,000,000
Products/Completed Operations Aggregate: $2,000,000	Disease Limit Each Employee: $1,000,000
	Disease Policy Limit: $1,000,000
Commercial Auto Liability	
Combined Single Limit: $1,000,000	

The required notice and information requested above are necessary for UAS planning and decision purposes.

Statement of Acknowledgment:

I do hereby affirm, acknowledge, and agree that while operating a UAS on or above a Wake Tech campus, I am personally responsible- and bear sole responsibility- for complying with FAA regulations; federal, state, county and municipal laws, and Wake Tech policies, including but not limited to those set out in the UAS Policy and will adhere to them during the flight. I will adhere to the flight plan as permitted by Wake Tech. I have reviewed Wake Tech's Policy on Unmanned Aircraft Systems and agree and will adhere to it. I hereby agree to indemnify and hold harmless Wake Tech, from any liability, losses, costs, damages, claims, or causes of action of any kind or nature whatsoever, and expenses arising from conducting and participating in these activities.

Print Name _____ Signature _____ Date _____

Wake Tech Director Campus Services _____ Date _____

For more information, please see the College's UAS Policy at:
Campus Policy & Procedures

COMMO-8 OP ID: TS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
804-428-0000
GHT Insurance Services
8253 Crown Colony Pkwy Ste 101
Mechanicsvile, VA 23116
C. Ryan Kuester

CONTACT NAME: C. Ryan Kuester
PHONE (A/C, No, Ext): 804-428-0000 FAX (A/C, No): 804-428-9991
E-MAIL ADDRESS: ryan@ghtinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Cincinnati	10677
INSURER B : Builders Mutual Insurance Co.	10844
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Commonwealth Blinds and Shades, Inc.
8529 Meadowbridge Rd, Ste 500
Mechanicsville, VA 23116

SAMPLE

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractual X XCU GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT X LOC OTHER:	X		EPP0571456	04/01/2020	04/01/2023 Expiration Date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY	X		EBA0571456	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			EPP0571456	04/01/2020	04/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		PWC1014058-02 Must show WC if more than two employees, including owner.	04/01/2022	04/01/2023	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

When required by a written contact, Wake Technical Community College is listed as Additional Insured with respect to General Liability and Auto Liability.
CSA needed

CERTIFICATE HOLDER

WAKETEC

Wake Technical Community College
9101 Fayetteville Road
Raleigh, NC 27603

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Traci S. Sullivan

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