



Santa Clara Unified School District

Permit For Use of Unmanned Aerial Systems

Contact Information	
Name of Applicant/Requestor:	
Department or Company name:	
Contact Phone Number:	
E-Mail Address:	
Flight Details	
Purpose of Drone Flight(s):	
Will photos and/or video be taken?	
Proposed Date(s) of Flight:	
Proposed Start and End Time of Flight:	
Estimated Altitude of Flight(s):	
Flight location:	
Drone Information	
Make/Model/ID#:	
FAA Registration #:	
Aircraft Owner (If other than SCUSD):	

For Commercial Users – Attach Copy of Remote Pilot Certificate and Liability Insurance.

Check One: Recreational Use Commercial Use



Terms and Conditions:

- The operator is accountable for adhering to applicable federal, state, and/or local laws and regulations, including federal safety regulations pursuant to 14 CFR 107.15-107.51 which include, but are not limited to, requirements that the drone not be flown at night, above 400 feet in altitude, or over any people unless they are in a covered structure or stationary vehicle. The operator shall maintain the visual line of sight with the drone at all times.
- The drone shall avoid any area reasonably considered private, including, but not limited to, restrooms, locker rooms, and individual homes.
- The district reserves the right to rescind the authorization for use of drones at any time.

I, _____ Any person or entity, other than a district employee or student, who is requesting or operating a drone on or over district property shall agree to hold the district harmless from any claims of harm to individuals or property resulting from the operation of the drone and provide proof of adequate liability insurance covering such use. My signature is also acknowledgment that he/she understands and will comply with the terms and conditions of the district's policy, federal law and regulations, state law, and any local ordinances related to the use of drones.

Signature: _____

Date: _____

Approved: _____
District Representative (FDP/Risk)

Date: _____