



Drone Request Form

Today's Date:

Proposed Filming Date and Time:	Production Title:
Production Company:	Applicant Name:
Contact Phone #:	Contact Email:
Filming Location Address:	Hours of UAS Activity:
Filming Location Address #2:	Hours of UAS Activity:
Launch Location:	Set:
<input type="checkbox"/> Public Property <input type="checkbox"/> Private Property	<input type="checkbox"/> Open <input type="checkbox"/> Closed

UAS Company Name:	
UAS Make and Model:	UAS "N" # or Registration #:
UAS Make and Model:	UAS "N" # or Registration #:

Class of Airspace that activity will occur in: B C D E F G

REMINDER: If you are flying in Class B, C, D, or E Airspace, ATC authorization is required for all UAS activity.

Name of Remote Pilot in Command:	Certificate #:
Phone #:	

Name of Manipulator of Controls:	Phone #:

Name of Visual Observer:	Phone #:

- Copy of Remote Pilot's Certificate
- Copy of UAS Registration Certificate for each UAS listed above
- Current Knowledge Test, if Airman Certificate is more than 2 years old
- Location agreement
- Operation map

If the flight is originating from a private property, please provide owner's name and contact information:

Property owner name:	Contact #:
Property owner name #2:	Contact #:

Description of Planned Operations and Flight Path (include attached maps):

Brief Description of Content:

WAIVERS: If you are requesting any of the following activity, please check all that apply and furnish proof of waiver from the FAA upon submission of this document.

- | | |
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| <input type="checkbox"/> Operation from a Moving Vehicle or Aircraft | <input type="checkbox"/> Operation of Multiple Small UAS |
| <input type="checkbox"/> Daylight Operations | <input type="checkbox"/> Yielding Right of Way |
| <input type="checkbox"/> Visual Line of Sight Aircraft Operation | <input type="checkbox"/> Operation Over People |
| <input type="checkbox"/> Visual Observer | <input type="checkbox"/> Operating limitations for Small Unmanned Aircraft |

CHICAGO FILM OFFICE USE ONLY	
Part 107 Certificate	
<input type="checkbox"/> Insurance	<input type="checkbox"/> Waivers
<input type="checkbox"/> Documents attached to permit	<input type="checkbox"/> Description of operations
<input type="checkbox"/> Remote pilot certificate	<input type="checkbox"/> UAS Registration Certificate(s)
<input type="checkbox"/> ATC Coordinator note	

_____ I ASSERT THAT ALL INFORMATION ON THIS FORM IS ACCURATE
(Signature and date)

Please email the following Information to filloffice@cityofchicago.org.