



UAS CLIENT SUPPORT FORM

750 E. Bartow Drive, Suite 16

Sierra Vista, AZ 85635

T: (520) 458-6948

F: (520) 458-7453

CONTACT	
Contact Name:	Title:
E-Mail:	Phone:
COMPANY INFORMATION	
Company Name:	Phone:
Address:	
Nature of Business:	
SESSION DATES / TIMES	
Date(s) Needed:	
Operational Start & End Times:	
SESSION DETAILS	
Number of <u>drones</u> taking part in the session(s):	Number of <u>manned aircraft</u> taking part in the session(s):
Flight required to what maximum distance?	
What frequencies will you be using?	
What kind of flight profile do you want to fly?	
What altitudes do you want to fly?	
How much traffic pattern work are you looking for?	
Proof of concept, what distance legs are you looking for?	
Define a successful test: What goals are you hoping to achieve?	
PERSONNEL DETAILS	
How many personnel will be on-site?	Are your aircraft control crews rated pilots? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you need help booking hotel, transportation or making food arrangements? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Details:	

CERTIFICATIONS / INSURANCE	
Part 107 Pilot Certificate Number(s):	Please include proof of Unmanned Aircraft Insurance Policy with form: Included <input type="checkbox"/>
Do you have / have you had FCC approvals for frequency use? Yes <input type="checkbox"/> No <input type="checkbox"/> Must provide FCC approval and who is frequency manager/ FCC approved operator (HAM license or similar)	
Have a SAC or COA ever been requested / Issued for the system? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you in pursuit of an airworthiness certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
AIRCRAFT SPECS	
Is your system VTOL or Fixed Wing? VTOL <input type="checkbox"/> Fixed Wing <input type="checkbox"/>	Does your Fixed Wing system require a paved runway for takeoff and landing? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
What class is your system? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Is your system optionally piloted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the team using a manned chase plane or drone? Manned Chase Plane <input type="checkbox"/> Drone <input type="checkbox"/> Neither <input type="checkbox"/>	
Have you flown the system yet? Yes <input type="checkbox"/> Flight Hours: No <input type="checkbox"/> Must provide a certificate of airworthiness for a "custom" aircraft, aircraft registration number or waiver to fly without a certificate.	
EQUIPMENT / REQUIREMENTS	
What additional equipment will you bring (ground control station & ground support equipment)?	
What FBO support do you require?	
GCS trailers antennae? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require the qualified flight safety / visual observer personnel? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require any of the following? Office Space <input type="checkbox"/> Maintenance Areas <input type="checkbox"/> Internet <input type="checkbox"/> Fuel <input type="checkbox"/>	
ADDITIONAL COMMENTS	