

Public Works

City of Rolla Drone Special Use Permit Application

			Applicant Ir	nformation	
Applicant Name:				Organization Name:	
Applicant Addre				City/State/Zip:	
			Evening Phone:		Cell Phone:
E-mail Address:				0 0	
Evening Phone: Cell Phone:					
Drone Information Date (a) Posturated:					
Facility/Park(s) Requested: Describe what you are requesting and the purpose: Date(s) Requested:					
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Applicant Acknowledgment				Mo Tax ID #:	
correct. All forms, permits and insurance must be completed a minimum of 2 weeks prior to event start date. I also certify that I have registered my drone and will follow all FAA airspace restrictions. I also certify that the drone will not fly over groups of people, public events, or any city facilities where people are present: ballgames, Splash Zone, playgrounds etc. Signature:					
Additional Information Required: • A copy of FAA certification and registration must accompany the permit. If you are a commercial operator, you must provide a copy of your certification exam. • A copy of certificate of insurance coverage for your drone, with the City of Rolla listed as an additional insured. • A plan and/or drawing may be required with this application showing the location of the proposed flight. Applicable Fees:					
Amprovol					
Approved Denied Approved w/ Conditions					
Administration	Approved	Defiled	Approved w/ Condition	JI 15	
Comm. Dev.					
Finance					
Fire					
Parks					
Police	1				