



Unmanned Aerial Vehicle (UAV) Registration Form

Agency Information

Public Agency Name: _____ Public Agency Address: _____

Point of Contact Name: _____

Title: _____

E-mail Address: _____ Telephone Number: _____

Does Agency have an approved Certificate of Authorization (COA) issued by FAA? Yes No
Attach copy of COA

UAV Operations Information

Description of UAV use and capabilities:

Number of UAV Operators: _____

Name and Contact Information for each Operator (attach additional sheets as necessary):

Operator Name: _____ Operator Name: _____

Title: _____ Title: _____

E-mail Address: _____ E-mail Address: _____

Telephone Number: _____ Telephone Number: _____

Street Address: _____ Street Address: _____

Operator Name: _____ Operator Name: _____

Title: _____ Title: _____

E-mail Address: _____ E-mail Address: _____

Telephone Number: _____ Telephone Number: _____

Street Address: _____ Street Address: _____

UAV Identifying Information

General Description:

Aircraft Builder's Name: _____ Aircraft Model Designation: _____

Year Manufactured: _____ Aircraft Serial Number: _____

Color(s): _____ Wingspan: _____

Photo attached (required)