

## **DRONE PERMIT APPLICATION FORM**

| Date:   | Date for use of Drone: |
|---|------------------------|
|   |                        |
| SECTION ONE – BUSINESS INFORMATION  |                        |
| Company name:   |                        |
| Address:  |                        |
| Company representative on site:   |                        |
| Business phone:   | Cellphone:             |
| Email:  |                        |
|   |                        |
| SECTION TWO – DRONE INFORMATION   |                        |
| Drone model and serial number:  |                        |
| Drone size:   |                        |
| Special Flight Operations Certificate #:  |                        |
| SECTION THREE – PROJECT INFORMATION   |                        |
| Describe purpose for using Drone:   |                        |
| Describe areas Drone will be used:  |                        |
|   |                        |
| I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. |                        |
| Print name:   | Signature:             |

Please include a copy of the Pilot's Special/Advanced Flight Operations Certificate and a copy of your general liabilibty insurance certificate naming Calgary West Soccer Centre as an insured, along with this completed application form. CWSC may accept or reject any Drone Permit Applicatin at its sole discretion.