

UAS TESTING INFORMATION SHEET

(Do not include proprietary information)

Date: _____

CONTACT INFORMATION:

Company Name: _____

Corporation LLC S Corporation Sole Proprietorship Other _____

Business State of Formation: _____

Address: _____

Name of primary contact: _____

Cell Phone: _____

Email: _____

Name of secondary contact: _____

Cell Phone: _____

Email: _____

INFORMATION:

Please provide the requested information below in order for us to better understand your request

UAS or other testing:

➤ Which Airport would you like to conduct your testing: Buchanan Byron Both

➤ Please provide details regarding testing activities (i.e. altitude of operation, speed):

➤ Please provide details regarding description of UAS/aircraft (i.e. weight of UAS, dimensions):

➤ How many days of testing do you require: _____

➤ How many hours of testing per day do you require: _____

➤ What are the dates, desired days of the week and times for testing: _____
