

Lodi Unified School District Unmanned Aircraft Systems/Drones Exhibit B 3515.21 - Application/Use Permit

Check One: ☐ Hobbvist/Recreational Use ☐ Commercial Use

Check One Hobby	
Contact Information	
Name of Applicant/Requestor:	
Department or Company:	
Contact Phone Number:	
E-Mail Address:	
Fligh	t Details/Plan of Activities
Purpose of Drone Flight(s):	
Proposed Date(s) of Flight:	
Proposed Time(s) of Flight:	
Estimated Duration of Flight(s):	
Estimated Altitude of Flight(s):	
Where Do You Propose to Fly the Drone:	
☐ Check here if similar use is intended through	hout the school year
	Drone Information
Drone Description:	
Make/Model/ID#:	
FAA Registration #:	
Approximate Weight:	
Aircraft Owner (If other than LODI USD):	
	Pilot Information
	Thot information
Pilot Name(s):	
Instructor Name if Pilot is Student:	
Commercial User - Attach Signed Unmanned Ae	erial System (Drone) Use Indemnification Agreement – Exhibit A
Approved:	, Business Services Dept. Date:

09-2020