

Application for UAS Platform from Alabama Association of Rescue Squads.

CONTACT INFO	Organization _____
	Address _____
	City _____ ST _____ ZIP _____
	Leradership _____ Postion _____
	Mailing Add. _____
	City _____ ST _____ ZIP _____
	Email _____ Phone _____

PILOT IN COMMAND	Name _____ Phone _____
	Tenure (Yrs) _____ Part 107 Cert. # _____ Cert. Issue Date _____
	Name _____ Phone _____
	Tenure (Yrs) _____ Part 107 Cert. # _____ Cert. Issue Date _____
	Name _____ Phone _____
	Tenure (Yrs) _____ Part 107 Cert. # _____ Cert. Issue Date _____

VISUAL OBSERVER	Name _____ Phone _____
	Tenure (Yrs) _____ Cert. Issue Date _____
	Name _____ Phone _____
	Tenure (Yrs) _____ Cert. Issue Date _____
	Name _____ Phone _____
	Tenure (Yrs) _____ Cert. Issue Date _____

UAS PROGRAM	Current UAS Inventory	Start M/Y of UAS Program
	Make _____ Model _____ Owned _____ MOU _____	
	Make _____ Model _____ Owned _____ MOU _____	
	Make _____ Model _____ Owned _____ MOU _____	
	How many UAS missions do you fly monthly? (Average, including offical training flights) _____	
	Which aircraft do your pilots have the most experience with? Make _____ Model _____	
	Please give a brief statement as to how your agency would use an AARS supplied UAS system.	

If needed, please continue on next page

TACHMENTS	UAS Program SOP attached. Yes _____ No _____
	Copy of Part 107 Certificates Yes _____ No _____
	Declaration of Liability Insurance Yes _____ No _____

I, the undersigned understand that if awarded an AARS UAS system, We will be subject to the rules set forth by AARS and that the UAS system remains the property of AARS an that AARS can reclaim the UAS system at any time.

AT

Signed

Date

Postion

Narrative (Continued)

