



Permit Fee Due:	\$25
Received?	_____
Date Received?	_____

Unmanned Aircraft Systems Permit Application – Single Flight Permit

No person shall launch or land a UAS from any real property owned by the Town without a permit issued pursuant to these Regulations.

Single Flight Permits are for operators who want to operate a UAS at the specified location(s) over the course of a single date

An application for a permit shall be filed with the Assistant Town Manager not less than 7 days nor more than one year before the proposed UAS flight is to begin. The Assistant Town Manager **MAY** waive this minimum filing period.

Name: _____

Address: _____

E-mail: _____

Phone Number: _____

Driver's License Number: _____

Or other form of valid, government-issued identification: _____

Type of UAS: _____

Make of UAS: _____

Model of UAS: _____

Dimensions of UAS: _____

Total Weight of UAS, including payload: _____

A Digital Photograph of the UAS must be submitted with application.

Federal Aviation Administration (FAA) registration number of the UAS: _____

Location of Take Off for the UAS: _____

Description of Flight or Type of Flight to be Flown: _____

Location of Landing for the UAS: _____

What payload, if any, will be attached to the UAS: _____

Date and Time of proposed flight: _____

Reason for conducting the UAS flight at this particular location: _____

Please initial that you understand the following as the applicant:

_____ Applicant agrees to the community-based set of safety guidelines and within the programming of a nationwide community-based organization.

_____ Applicant agree to provide proof of any required FAA authorization and/or exemption if the applicant proposes a commercial use of a UAS pursuant to the permit for which the application is being filed.

_____ Applicant has obtained the necessary Town of Breckenridge Business license (if applicable).

Type your name here if you are submitting this form electronically. By signing or typing name below, applicant agrees to all requirements listed above.

By signing my name below, I certify that the all of the above information is true and correct to the best of my knowledge, including all attachments to the application. My signature also certifies my understanding of and agreement with the above policies.

Signature of Applicant

Date