



**Request to Use Unmanned Aircraft Systems in Unincorporated Areas of City of Lake Elsinore** (Click [here](#) for full list of guidelines & insurance requirements as stated on the RCFC website)

CITY OF LAKE ELSINORE PERMIT APPLICATION #:

Date \_\_\_\_\_ Production Company \_\_\_\_\_  
 Type of Production \_\_\_\_\_ Production Title \_\_\_\_\_  
 Proposed Film Date(s) \_\_\_\_\_ Production Contact \_\_\_\_\_  
 Contact's Cell# \_\_\_\_\_ Email Address \_\_\_\_\_  
 Location Address \_\_\_\_\_ **Hours of UAS Activity**  
 \_\_\_\_\_ From \_\_\_\_ [ ] a.m. [ ] p.m. to \_\_\_\_ [ ] a.m. [ ] p.m.  
 Location Address #2 \_\_\_\_\_ **Hours of UAS Activity**  
 \_\_\_\_\_ From \_\_\_\_ [ ] a.m. [ ] p.m. to \_\_\_\_ [ ] a.m. [ ] p.m.  
 UAS Company \_\_\_\_\_ Primary Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Cell# \_\_\_\_\_  
 \_\_\_\_\_ Email Address \_\_\_\_\_

**UAS / AIRSPACE INFORMATION**

Make/Model of Aircraft \_\_\_\_\_ Registration# \_\_\_\_\_  
 Make/Model of Aircraft \_\_\_\_\_ Registration# \_\_\_\_\_  
 Total Payload Weight (incl. UAS/camera/additional equipment) \_\_\_\_\_  
 Class of Airspace UAS Activity Will Occur in:  B  C  D  E  G  
 Restricted Areas or Temporary Flight Restrictions (TFR) Within Proposed Time/Area of Operation?  Yes  No

**REMINDER: if you are flying in Class B, C, D or E airspace, ATC authorization is required for all UAS activity.**

**UAS OPERATING AUTHORITY:**  
 14 CFR Part 107  Title 49 ("Hobbyist" Rules) – For Students Only

**Part 107 Requirements**

Name of Remote Pilot in Command \_\_\_\_\_  
 Remote Pilot's Phone# \_\_\_\_\_ Remote Pilot's Certificate# \_\_\_\_\_  
 If Remote Pilot will not be operating UAS, name of person operating UAS under the direct supervision of Remote Pilot \_\_\_\_\_  
 Visual Observer:  Yes  No  
**Please provide the following:**  
 Copy of Remote Pilot Certificate  
 Copy of Part 47 or Part 48 Registration Certificate for each UAS listed above  
 Description of planned flight operations, including diagrams, charts and maps as applicable  
 Certificate of Insurance & Endorsement  Copy/screen shot of ATC approval to operate in restricted airspace

**For Students Enrolled at an Accredited Educational Institution Operating Under "Hobbyist" Rules**

Name of Operator \_\_\_\_\_ Operator's Phone# \_\_\_\_\_  
 Name of School \_\_\_\_\_  
**Please provide the following:**  
 Copy of UAS Registration  Certification letter from school (on school stationery)  
 Detailed description of proposed UAS activities  Name of community-based organization's safety guidelines  
 Certificate of Insurance & Endorsement under which you will be operating

