UAV/CAMERA DRONE CONTRACTOR SAFETY, LOSS CONTROL & REGULATORY QUESTIONNAIRE
(Effective August 29, 2016)

CONTRACTOR CONTACT DETAILS

Name of Company: _____________________________________________
Address: ____________________________________________________
Telephone Numbers: __________________________________________
Manager Responsible for Safety: _________________________________
Website address: _____________________________________________
Name and position of contact person completing this form: ___________
Above person’s email address: ________________________________
Above person’s telephone numbers: _____________________________
Brief Description of UAV, Camera System, including UAV weight:

Brief Description of Services provided: __________________________

Number of Staff participating in this contract: __________
Proposed date(s) of operations: __________________________

1. Does Contractor plan on adhering to all regulations as set forth in the small UAV Operating Rules (Part 107)?
   Is the proposed UAV less than 55 pounds?
   Yes ☐ No ☐

2. Does the intended operation require an FAA Certificate of Waiver (14 CFR Part 107) outside the scope of small UAV
   Operating Rules (Part 107)? If so, has Contractor secured such C.O.W.?
   Yes ☐ No ☐ N/A ☐

3. Does Contractor maintain a Motion Picture and Television Operations Manual (MPTOM) approved by the FAA?
   Yes ☐ No ☐

4. Has Contractor written and does Contractor use a Standard Operating Procedure (including Pre-Flight checklist)?
   Yes ☐ No ☐

5. Does Contractor maintain a Flight Log?
   Yes ☐ No ☐

6. Does Contractor maintain a Maintenance Log?
   Yes ☐ No ☐
7. Has Contractor ever had insurance denied or cancelled?
   
   Yes ☐  No ☐

8. Does Contractor carry the required general liability insurance (min $1 mm)? Contractor must be able to name TCU as additional insured on this policy.
   
   Yes ☐  No ☐

9. Does Contractor intend to use an F.A.A. Licensed Remote Pilot-In-Command?
   
   Yes ☐  No ☐

<table>
<thead>
<tr>
<th>Remote Pilot(s)-In-Command Name(s)</th>
<th>Remote Pilot(s) Certificate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
</tr>
</tbody>
</table>

10. Have all proposed UAV Pilot-In-Command complete the FAA aeronautical knowledge test or online Part 107 training course?
    
    Yes ☐  No ☐

    Comments:__________________________________________________________

11. Are the Remote Pilot(s)-In-Command assigned to this contract employees or independent contractors?
    
    Employees ☐  Independent Contractors ☐

12. Are Contractor’s UAVs registered with the FAA? Registration required for all UAV’s weighing between 0.55 lbs and 55 lbs.
    
    Yes ☐  No ☐

13. Please described Contractor’s level of qualification and experience in similar operations (please feel free to attach additional information):
    
    ________________________________________________________________

14. Does contractors use a visual observer for:
    
    All Shoots ☐  Some Shoots ☐  No Shoots ☐
15. Please provide information on your arrangements for reporting, recording and investigating accidents and incidents:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

16. Has this Contractor or any company employee (including Pilots) been the subject of an FAA enforcement action?

Yes ☐ No ☐

If yes, please provide details of any enforcement action including FAA license suspensions, reportable incidents or accidents.

________________________________________________________________________

________________________________________________________________________

17. Does Contractor belong to a recognized trade/industry association promoting education and safety in UAV operations?

Yes ☐ No ☐

Organizations:___________________________________________________________

________________________________________________________________________

Other Information:________________________________________________________

________________________________________________________________________

18. Is there any other information Contractor wishes to supply which you believe is relevant?

Yes ☐ No ☐

Supporting information attached/enclosed?

Yes ☐ No ☐
DECLARATION

I declare to the best of my knowledge that the information submitted is true and is an accurate account of the details requested.

Print Name________________________

Title______________________________

Signature__________________________

Date______________________________

Return completed form to:

The Office of Risk Management

Attention Paul Fox

TCU Box 297110, Fort Worth, TX 76129

Email;  p.fox@tcu.edu

Fax:  817-257-6677