

Delaware Department of Transportation Unmanned Aerial Vehicle (UAV)

Pilot in Command Program Application

Name: _____ Date: _____

Work Phone: _____ Work Cell: _____

Home Phone: _____ Personal Cell Phone: _____

E-mail: _____

Current Remote pilot certificate - small UAS rating # (If applicable) _____

Current DeIDOT Merit Employee? Yes No

Division/Section: _____

Current Position Title: _____

Current Work Schedule: (i.e. M-F, 8:00 to 4:30) _____

Date: _____

Employee Signature

Supervisors need to check the following boxes before signing this application.

I have read and understand the "DeIDOT Unmanned Aerial Vehicle Operations Policy".

The "DeIDOT Unmanned Aerial Vehicle Operations Policy" is available for my review at https://mydot.dot.state.de.us/divisions/planning/policies_procedures/pi/T-06_UAV.pdf

I authorize the above individual to participate in the DeIDOT Unmanned Aerial Vehicle program.

Supervisor Name/Title: _____

Work Phone: _____ Work Cell: _____

Date: _____

Supervisor Signature

Submissions

Scan and e-mail this application to Dwayne Day at Dwayne.day@delaware.gov