



City of Gulf Shores Airport Authority

Unmanned Aerial Vehicle Flight Request

Operator Information

Company Name: _____

Company Address: _____

Operator Name: _____

Equipment: _____

Type of Flight Requested:

- Mapping Advertising Municipal State
- Filming Delivery Public Safety Other

Dates of Operation: From: _____ To: _____

Flight Operations Boundaries: (describe property, streets, full limits of flight operation)

Operator Signature *Date*

Airport Response

- Objection
- No Objection

Comments: Flight not to exceed 400 feet MSL, must be in compliance with FAA regulations and regulations of any other permitting agency, municipality or other having jurisdiction over the same.

Cc: G. Brown _____ E. Delmore _____ W. Parris _____ H. Brokenshaw _____	K. Grimes _____ _____ _____
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Must be in Operators Possession

Manager Signature

Date

Must be in Operators Possession