USACE Pittsburgh District

UAS Aviation Mission Plan Proposal

. Crew:		
Last Name, First Name, MI)	(Role in Operation)	
Phone Number)	(Email Address)	
Most Recent Flight – Date and Brief Summary)		
Noteworthy Physical/Medical Conditions)		
Last Name, First Name, MI)	(Role in Operation)	
Phone Number)	(Email Address)	
Most Recent Flight – Date and Brief Summary)		
Noteworthy Physical/Medical Conditions)		
Last Name, First Name, MI)	(Role in Operation)	
Phone Number)	(Email Address)	
Most Recent Flight – Date and Brief Summary)		
Noteworthy Physical/Medical Conditions)		
3. Timeframe of Request:		
Date/Dates)	(Start Time)	(End Time)
1-a. Location of Flight/Intended Area of In	terest:	

If you have any questions or concerns regarding UAS requests on USACE property within the Pittsburgh District, please contact Kristen Scott at Kristen.L.Scott@usace.army.mil or 412-395-7553.

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4-b. Nearby Airports: Please select one of the following	ng.
 The intended area of interest is not within fire The intended area of interest is within five means submitted as applicable. 	ve miles of an airport. niles of an airport, and additional information will be
5. UAV Information: Please note that any requests inv	olving a DJI-manufactured UAV will be denied unconditionally.
(Make)	(Model)
(Serial/Tail Number)	
(Make)	(Model)
(Serial/Tail Number)	
6. Additional Acknowledgements:	
☐ The aircraft will not be operated directly☐ The aircraft will be in visual line of sight o	of the pilot(s) for the duration of the flight(s). de in excess of 400 feet for the duration of the flight(s).
In addition to completing all items above, pleas Remote Pilot Certification(s) for pilot(s) Aircraft Registration(s) for aircraft in monomore Airworthiness Certificate(s) for aircraft no note of the complete of the comp	s) in mission nission t Imme or notification that NOTAM request will be start of mission ry for USACE operations
Approval/Denial:	
I, the undersigned ATPM, hereby	E □ DENY this UAS Mission Proposal.
(Signature)	(Date)

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