|  |  |
| --- | --- |
| FOR UASRB OFFICE USE ONLY | |
| **APPLICATION #:** |  |
| **APPROVAL DATE:** |  |
| **EXPIRATION DATE:** |  |



Unmanned Aircraft Systems (UAS) Review Board

**Email:** [UASRB@northeastern.edu](mailto:UASCommittee@northeastern.edu)

**Website:** <https://http://www.northeastern.edu/risk_services/unmanned-aircraft-systems-uas-northeastern/>

**Unmanned Aircraft Systems Amendment to Application**

|  |
| --- |
| **I. GENERAL INFORMATION** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant:** | | |  | | |
| POSITION/TITLE: | | |  | | |
| DEPT/DIV: |  | | | | |
| E-MAIL ADDRESS: | |  | | | |
| DIRECT PHONE #: | |  | | CELL PHONE # |  |
|  | | | | | |
| **Co-Applicant or other Primary Contact:** | | |  | | |
| Position/Title | |  | | | |
| E-MAIL ADDRESS: | |  | | | |
| DIRECT PHONE #: | |  | | CELL PHONE # |  |
| **PROJECT TITLE:** | |  | | | |

|  |
| --- |
| **II. Proposed Modifications** |

Please check all that correspond to this UAS amendment to application. Double-click on a box and then select “checked” to mark your selection. Note that the Applicant is responsible for ensuring that the appropriate permits and approvals remain up-to-date.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Change in personnel:**  In Table 1 list all new personnel, including non-University affiliated personnel, who will work with the UAS on this project. Indicate their specific role, contact phone number, and email address. |  | **Change in flight plan/location:**  Complete Table 3. |
|  | **Change in aircraft system:**  Complete Table 2. |  | **Other modifications to project design or standard operating procedure:**  Complete Table 4. |

|  |
| --- |
| **Table 1. Change in Personnel** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Contact Phone Number | Email Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Table 2. Change in aircraft system** |

|  |
| --- |
| **A. Specific change in aircraft type, weight, model number, or other specific modification:** |
|  |
| **B. Change in pay load.** |
|  |
| **C. Change in aircraft control or other change in visual flight observation.** |
|  |

|  |
| --- |
| **Table3. Change in flight plan/location** |

|  |
| --- |
| **A. Please list locations included in the flight plane**. |
|  |
| **B. Change in altitude, distances, or other modifications.** |
|  |
| **C.**  **Other comments.** |
|  |

|  |
| --- |
| **Table 4. Changes to project design or standard operating procedure:** |
|  |

|  |
| --- |
| **III. PRINCIPAL INVESTIGATOR ASSURANCE OF COMPLIANCE** |

**As the individual responsible for this project, I confirm that:**

*The information contained in this protocol is true and accurate, and that, to the best of my knowledge, it conforms to Northeastern University’s UAS policies on the use of unmanned aircraft systems in research, teaching, or facility operations.*

*I accept responsibility for ensuring that all personnel involved in this project will be trained regarding any, relevant safety practices and emergency procedures.*

*No change will be made to personnel, UAS equipment, flight plans or procedures without prior written notification to and approval by the Unmanned Aircraft Systems Review Board (UASRB).*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant (*provide* *electronic signature*) |  | Date |

*By typing your name you are submitting an electronic signature that confirms your understanding and adherence to the above statements and UAS policies. This is considered legal documentation and confirmation of your agreement to execute all activities as approved.*