



EMPLOYEE:

Name of employee (Print) and ID number

FAA PART 107 REMOTE PILOT CERTIFICATE NUMBER

_____ Exp. Date: _____

I hereby confirm that I have read the LFUCG sUAS Policy Form and understand that it describes the conduct and responsibility expected of me as a Remote Pilot in Command (RPIC) and/or a Visual Observer (VO).

Employee signature

Date

THIRD PARTY:

Name (Print)

Organization

FAA PART 107 REMOTE PILOT CERTIFICATE NUMBER

_____ Exp. Date: _____

I hereby confirm that I have read the LFUCG sUAS Policy Form and understand that it describes the conduct and responsibility expected of me as a Remote Pilot in Command (RPIC) and/or a Visual Observer (VO).

Signature

Date