

PORT OF STOCKTON PERMIT APPLICATION UNMANNED AIRCRAFT SYSTEMS – UAS (DRONE)



PORT PERMIT APPLICATION

Part 1 – Company and Flight

Application Date _____ Company _____

Company Contact _____

Company Address _____

Company Contact Phone # _____

Company Contact email _____

Approved or denied applications will be returned to Company Contact email unless otherwise noted.

Flight Mission _____

Flight Date _____

Location Address _____ Hours of UAS Activity _____ a.m. _____ p.m.

Location Address #2 _____ Hours of UAS Activity _____ a.m. _____ p.m.

UAS / AIRSPACE INFORMATION

Make/Model of Aircraft _____

Registration# _____

Make/Model of Aircraft _____

Registration# _____ Total Payload Weight (incl. UAS/camera/additional equipment) _____

Class of Airspace UAS Activity Will Occur in: G

[Restricted Areas](#) or Temporary Flight Restrictions ([TFR](#)) Within Proposed Time/Area of Operation? Yes No

UAS OPERATING AUTHORITY:

SECTION 44807

Name of Pilot in Command _____ Pilot's Mobile# _____

Exemption# _____

Visual Observer _____ VO's Mobile# _____

Please provide the following:

Copy of Pilot's License/Remote Pilot Certificate Copy of Notice to Airman (NOTAM)

Copy of COA or Blanket COA Copy of POA (recommend submission to Local FSDO)

Certificate of Insurance & Endorsement

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UAS OPERATING AUTHORITY:

14 CFR PART 107

Name of Remote Pilot in Command _____ Remote Pilot's Mobile# _____

Remote Pilot's Certificate# _____

If Remote Pilot will not be operating UAS, name of person operating UAS under the direct supervision of

Remote Pilot: _____

INSURANCE REQUIREMENTS:

Insurance Coverage shall be at least as broad as:

Aviation Liability Insurance: On an "occurrence" basis, including products and completed operations, property damage, bodily injury with limits no less than **\$1,000,000** per occurrence, and **\$2,000,000** in the aggregate. This coverage may also be provided by endorsement to a **Commercial General Liability** policy. In that event then:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 (or the most recently amended form) covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to each project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.

2. **Workers' Compensation** insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limits of no less than **\$1,000,000** per accident for bodily injury or disease.

Other Insurance Provisions

A. The Aviation Liability or General Liability policy is to contain, or be endorsed to contain, the following provisions:

1. **The Stockton Port District, its officers, officials, employees, and volunteers are to be covered as additional insureds** with respect to liability arising out of the Flight Mission and all operations or incidents related thereto.

2. For any claims related to the Flight Mission or operations or incidents related thereto, **the Company's/ Pilot's insurance coverage shall be primary and non-contributory** insurance coverage at least as broad as ISO CG 20 01 04 13 as respects the Stockton Port District, its officers, officials, employees, agents, and volunteers. Any insurance or self-insurance maintained by the Stockton Port District, its officers, officials, employees, agents, or volunteers shall be excess of the Company's/Pilot's insurance and shall not contribute with it. This requirement shall also apply to any Excess or Umbrella liability policies.

3. Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the Stockton Port District.

Acceptability of Insurers

Insurance is to be placed with insurers authorized to conduct business in California with a current A.M. Best rating of no less than A:VII

