

Request for Approval under the “Generic Clearance for Customer Interactions” (OMB Control Number: 2120-0746)

TITLE OF INFORMATION COLLECTION: UAS Operator Interaction Survey

PURPOSE:

The questionnaire intends to capture baseline data on an Unmanned Aircraft System (UAS) operator’s experience, ability and proficiency with collecting data from flight operations in the field. For this questionnaire, a ‘UAS Operator’ is defined as the representative party responsible for operating/flying the UAS (e.g. Amazon would be the ‘UAS Operator’ for UAS package delivery flight operations). Participants will be asked to answer a series of questions, which are designed to help the FAA better understand the challenges to collecting data in the field. All information provided by participants will remain completely anonymous and participation in this survey is voluntary. Any information provided will not be used to inform FAA decision making (other than refinement of prospective research), nor will it be factored into any exiting partnership or waiver request with the FAA. Again, all information provided will be anonymous and is only intended to capture existing opinions of UAS waiver applicants.

DESCRIPTION OF RESPONDENTS:

The potential pool of respondents (i.e. population) will be the community of UAS operators who currently hold an FAA waiver, are applying for an FAA waiver, or intend to apply (i.e. current or prospective “customers” of the FAA). This includes all private (e.g. UAS manufactures), public (e.g. NASA or DHS), and academic operators who operate UAS in a formal regulatory capacity (i.e. non-recreational). This is a general survey with no target sample size in mind; however, the current waiver application pool is approximately 22,000 applicants with 4000 approved waivers, and the questionnaire will be seeking response from this group of ‘operators’ exclusively.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Generic Customer Interaction Information Collection</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: _____

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	200	20 minutes	66.7
State, local, or tribal governments	100	20 minutes	33.3
Federal Government	50	20 minutes	16.7
Totals	350	20 minutes	116.7

FEDERAL COST: The estimated annual cost to the Federal government is _____ \$15,000

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

There is no sample plan because we have no response-rate requirement for this questionnaire; the burden hours provided above are a rough estimate based on past surveys issued, but the number of actual respondents may be drastically less or more. Because the questionnaire is non-statistical in nature, its value/purpose is retained whether we have 1 respondent or 26,000 respondents. Unfortunately, contact information is not available for the entire population of interest, so we are unlikely to survey the complete population. As such, the researcher will work with the FAA sponsor to determine the best access paths to ‘segments’ of the population (e.g. current UAS Waiver Applicants). The FAA sponsor, at minimum, maintains access to the operators seeking a waiver under 14 CFR Part 107; as well as, maintains moderate access to community forums where a multitude of UAS operators, who are interested in a waiver, participate. The researcher will be exploring all potential means of soliciting the survey. Note that this is a simple questionnaire with no intended utility other than gaining insight on the opinions & experience of the UAS Operator

community; those opinions are intended to help formulate FAA research. Again, there is no target sample size in this case because we have no response-rate requirement; we intend to survey the entire population to the greatest extent possible.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain:
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Please make sure that all instruments, instructions, and scripts are submitted with the request.