OMB Control No. 21XX-XXXX Collection Expires XX/XX/XXXX

Test Data Submission

Public Burden Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 21XX-XXXX. Public reporting for this collection of information is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

Instructions for Submitting Test Data

The Unmanned Aircraft Systems Integration Office welcomes the voluntary submission of test data from BEYOND and Partnership for Safety Plan (PSP) participants that is not submitted as part of safety cases in order to better inform Federal Aviation Administration decision-making based on the performance of unmanned aircraft systems. A larger volume of test data will lead to higher quality analyses. Because the test data submission is voluntary, there is no specified report format and no specified reporting frequency. Please follow these steps to submit the test data:

- 1. Complete the cover page attached to these instructions.
- 2. Attach the cover page to the test data.
- 3. Upload the data package to the designated, secure folder on the <u>Aeronautical Data Exchange</u> (ADX).

OMB Control No. 21XX-XXXX Collection Expires XX/XX/XXXX

Test Data Submission

Participant Name:	
Date(s) of Testing:	
Testing Location (city and state):	
Purpose of Test:	

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