

## Non-Model Aircraft Dashboard

### Inventory

3  
Total sUAS

3 Active sUAS

Manage sUAS Inventory

### Organization Users

3  
Total Users

2 Active Users  
1 Invited User

Manage User Accounts

## Waivers & Authorizations

sUAS operators who want to fly outside the requirements of the Small UAS Rule (Part 107) may request a waiver and/or airspace authorization using the provided tools.

Applicants are encouraged to review the [form instructions](#) and the [list of regulations](#) subject to waiver prior to submitting via these tools. Please provide all required information in order to facilitate evaluation of your request.

Review the following information before requesting a waiver and/or airspace authorization:

- [Waiver/Airspace Authorization instructions \(PDF\)](#)
- [Performance Based Standards \(PDF\)](#)
- [UAS Facility Maps \(for airspace waivers/authorizations only\)](#)

These tools should only be used to request waivers or airspace authorizations under Title 14 CFR Part 107; it is not for modelers or hobbyists flying in accordance with the Special Rule for Model Aircraft (P.L. 112-95, Section 336).

1  
Total Waivers & Authorizations

1 Under Review

Manage Waivers/Authorizations

Create Waiver/Authorization

## Non-Model Aircraft

### Inventory

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## Waivers & Authorizations

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Review the following information before requesting a waiver and/or airspace authorization:

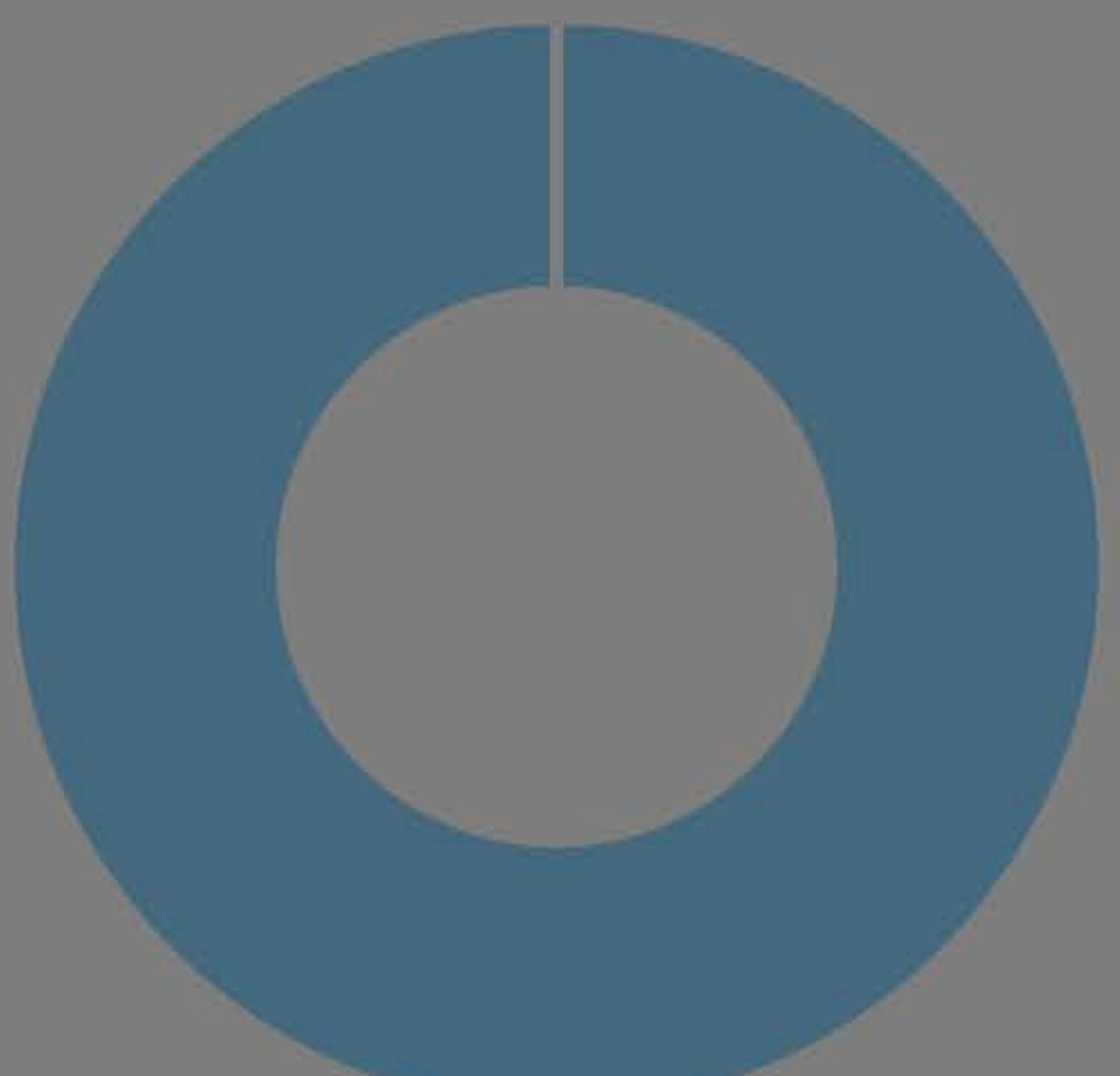
- [Waiver/Airspace Authorization instructions \(PDF\)](#)
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### 2

Total Waivers & Authorizations

2 Under Review



Manage Waivers/Authorizations

Create Waiver/Authorization

### New Waiver/Authorization Application

Please select one of the following to start your Application. [Learn More](#)

- OPERATION WAIVER:** appropriate for operation at night, operation from a moving vehicle, operation without line of sight, operation requiring a visual observer, operating multiple sUAS devices, operation over people, operation near aircraft, operation with minimum visibility, minimum distance from clouds, groundspeed limit increase, or altitude limit increase.
- AIRSPACE AUTHORIZATION:** appropriate for short-term operations in a specific location within the class of airspace requested (less than 6 months).
- AIRSPACE WAIVER:** appropriate for recurring operations over an extended period of time and may require broad area or blanket access to the class of airspace requested (6 months to 2 years). *Airspace waivers require significant mitigations and may require a longer period of time for processing.*

Cancel
Start Application



## Acknowledgment

I have read the waiver safety explanation guidelines, waiver application instructions, and § 107.200.

## Operation Title

OPERATION TITLE	Airspace Waiver 1
-----------------	-------------------

Name of the operation.

## Responsible Party

Person responsible for the safety of the operation. [Edit Organization Information.](#)

FIRST NAME	Robert	LAST NAME	Jones
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ORGANIZATION	Hank's Aviation LLC
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PHONE NUMBER	(318) 382-2987	PHONE EXT	
--------------	----------------	-----------	--

This phone number should be for the person whom ATC can immediately contact during the operation.

EMAIL	rellimstap+234@gmail.com
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## IMPORTANT

- You are not required to respond to this collection of information unless it displays a valid OMB control number.
- Waivers and ATC Authorization in Controlled Airspace under Part 107 OMB control number: 21200768. Expiration date: February 28, 2017.
- We encourage applicants to review the instructions for completing this controlled airspace application. [Waiver/Authorization instructions. \(PDF\)](#)



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## Operation Parameters

START DATE: January 1 2018 | END DATE: January 3 2018

Dates cannot be in the past or exceed 48 months from today's date.

TIMEFRAME:  SUNRISE TO NOON |  NOON TO 4 PM |  4 PM TO SUNSET |  NIGHT

Note: Night operations require a waiver to 14 C.F.R. § 107.29

FREQUENCY: Daily | LOCAL TIME ZONE: Central Standard Time (CST) [UTC-6]

PROPOSED LOCATION OF OPERATION: vel ex semper, vel tristisque orci sodales. Suspendisse sed eros pharetra, posuere velit quis, porttitor erat. Vivamus a ligula vitae est posuere euismod et ac lorem. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Curabitur vitae pretium mauris. Nulla lacinia hendrerit rhoncus. Sed tortor ligula, euismod nec sem in, vulputate semper lacus. Nullam congue ante sit amet nibh tristisque, sed pretium urna dignissim. Aliquam erat volutpat. Aliquam erat volutpat. Nunc faucibus purus vitae leo iaculis suscipit.

This field is limited to 5000 characters. [Form Instructions \(PDF\)](#)

PROPOSED MAXIMUM FLIGHT ALTITUDE ABOVE GROUND LEVEL (AGL): 150 ft.

Note: Operations over 400 ft AGL may require a waiver to 14 C.F.R. § 107.51(b)

### Latitude

DEGREES: 12 | MINUTES: 12 | SECONDS: 12 | DIRECTION: N

### Longitude

DEGREES: 12 | MINUTES: 12 | SECONDS: 12 | DIRECTION: E

RADIUS: 1/10th NM | NEAREST AIRPORT: SHV | CLASS OF AIRSPACE: C

Three or four character U.S. Airport Identifier

DESCRIPTION OF YOUR PROPOSED OPERATION: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Pellentesque vehicula sapien et dolor pretium malesuada. Sed tempor nunc vel ex semper, vel tristisque orci sodales. Suspendisse sed eros pharetra, posuere velit quis, porttitor erat. Vivamus a ligula vitae est posuere euismod et ac lorem. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Curabitur vitae pretium mauris. Nulla lacinia hendrerit rhoncus. Sed tortor ligula, euismod nec sem in, vulputate semper lacus. Nullam congue ante sit amet nibh tristisque, sed pretium urna dignissim. Aliquam erat volutpat. Aliquam erat volutpat. Nunc faucibus purus vitae leo iaculis suscipit.

This field is limited to 5000 characters. Reference the [Request to Operate in Controlled Airspace Instructions \(PDF\)](#) for guidance.

JUSTIFICATION THAT THE OPERATION IS SAFE UNDER THE TERMS OF A CERTIFICATE OF WAIVER: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Pellentesque vehicula sapien et dolor pretium malesuada. Sed tempor nunc vel ex semper, vel tristisque orci sodales. Suspendisse sed eros pharetra, posuere velit quis, porttitor erat. Vivamus a ligula vitae est posuere euismod et ac lorem. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Curabitur vitae pretium mauris. Nulla lacinia hendrerit rhoncus. Sed tortor ligula, euismod nec sem in, vulputate semper lacus. Nullam congue ante sit amet nibh tristisque, sed pretium urna dignissim. Aliquam erat volutpat. Aliquam erat volutpat. Nunc faucibus purus vitae leo iaculis suscipit.

This field is limited to 5000 characters. Reference the [Waiver Safety Explanation Guidelines \(PDF\)](#) for guidance.

### Existing Waivers

IS THERE A PENDING OR APPROVED WAIVER OR AUTHORIZATION ASSOCIATED WITH THIS PROPOSED OPERATION?  YES  NO

Select any pending or approved waivers or authorizations associated with the proposed operation OR enter the waiver reference IDs in the box below.

SEARCH: Search for waivers and authorizations

Showing items 1 - 2 of 2 total items

Filter by: All Waivers

TITLE	DATE	APPLICANT	TYPE	STATUS	REFERENCE ID
<input checked="" type="checkbox"/> Airspace Authorization 1	08/04/2017	Robert Jones	Airspace Authorization	Under Review	2017-P107-CSA-00048
<input type="checkbox"/> Operation Waiver 1	08/04/2017	Robert Jones	Operations Waiver	Under Review	107W-2017-00020

ENTER WAIVER REFERENCE NUMBERS: FAA348959038450934 x FAA34-0593-045934 x Enter Waiver Reference

To manually enter waivers associated with the proposed operation, type the waiver reference number and press the enter key. Waiver reference numbers are limited to 20 characters.

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- 1 Acknowledgment
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- 4 Confirmation

## Review Waiver

### Responsible Party

NAME	ORGANIZATION	PHONE	PRIMARY EMAIL
Robert Jones	Hank's Aviation LLC	(318) 382-2987	rellimstap+234@gmail.com

### Operation Parameters

Airspace Waiver 1

START DATE	END DATE	TIMEFRAME	FREQUENCY
1/1/2018	1/3/2018	Sunrise to noon Noon to 4 PM	Daily

LOCAL TIME ZONE	PROPOSED MAXIMUM FLIGHT ALTITUDE ABOVE GROUND LEVEL (AGL)
Central Standard Time (CST) [UTC-6]	150 ft.

#### PROPOSED LOCATION OF OPERATION

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LATITUDE				LONGITUDE			
DEGREES	MINUTES	SECONDS	DIRECTION	DEGREES	MINUTES	SECONDS	DIRECTION
12	12	12	N	12	12	12	E

RADIUS	NEAREST AIRPORT	CLASS OF AIRSPACE
1/10th NM	SHV	C

#### DESCRIPTION OF YOUR PROPOSED OPERATION

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#### JUSTIFICATION THAT THE OPERATION IS SAFE UNDER THE TERMS OF A CERTIFICATE OF WAIVER

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#### PENDING OR APPROVED WAIVER OR AUTHORIZATION ASSOCIATED WITH THIS PROPOSED OPERATION

2017-P107-CSA-00048    FAA348959038450934    FAA34-0593-045934

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## Confirmation

We have received your Waiver Application.

Your application reference number is 2017-P107-ATO-00075.

[Manage Waivers/Authorizations](#)

For updates on the status of your case, you can log into the FAADroneZone and click on [Manage Waivers/Authorizations](#) or call the [FAA Help Desk](#).



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SEARCH Search for waivers and authorizations

Showing items 1 - 3 of 3 total items

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<a href="#">Airspace Waiver 1</a>	08/04/2017	Robert Jones	Airspace Waiver	Under Review	2017-P107-ATO-00075
<a href="#">Operation Waiver 1</a>	08/04/2017	Robert Jones	Operations Waiver	Under Review	107W-2017-00020



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