Form **C-UAS-POR** (DRAFT 2026-06-25)	**C-UAS Post-Operation Report** SLTT mitigation operations under 6 U.S.C. 124n(a)(2) (§ 124.13) Department of Justice / Federal Bureau of Investigation	**OMB No. [____-____]** Expires XX/XX/XXXX Form version 1.0 Supersedes prior editions

Type or print. Submit through the portal within 48 hours of the first of: a mitigation action; a confiscation in connection with a mitigation operation; or the conclusion of an operation where notification was provided. Portal submission satisfies notification to both the Attorney General and the Secretary of Homeland Security.

For FBI/DHS C-UAS portal use
Received ____ Control ____

A REPORT CONTROL NUMBER	**B DATE SUBMITTED (YYYY-MM-DD)**

Part I Operation Reference

1 SUBMITTING SLTT AGENCY	**2 OPERATION / EVENT NAME**
3 RELATED ADVANCE NOTIFICATION / OPLAN CONTROL NUMBER	**4 POINT OF CONTACT (NAME, TITLE, PHONE)**

5 REPORT TYPE
Consolidated (multi-day or multi-action single event); recurring-venue (one per discrete event); persistent-protection (actions within a 7-day period may be consolidated).
☐ Single action ☐ Consolidated event ☐ Recurring-venue event ☐ Persistent-protection (7-day)

6 DID THE PLANNED OPERATION OCCUR AS NOTIFIED?
☐ Yes ☐ No (explain in line 12) ☐ N/A (no advance notification; emergency exception)

Part II Mitigation Action

7 DATE, TIME, AND GEOGRAPHIC LOCATION OF THE MITIGATION ACTION

8 CREDIBLE THREAT DESCRIPTION AND DETERMINATION
Briefly describe the credible threat to people, facilities, assets, a venue, critical infrastructure, or a correctional facility, including the real-time credible threat determination that necessitated the action (§ 124.3(b)).

9 MITIGATION CAPABILITY EMPLOYED
Identify by ASL reference and ATL category. Where the ASL was not yet populated for the category, give the ATL category and the specific make, model, major firmware revision, and software revision.

9a System (make / model / firmware / software)	9b ASL ref	9c ATL category	9d Technique

Part III Effects and Outcomes

10 KNOWN OPERATIONAL EFFECTS

Seizure, disabling, damage, or destruction of a UAS; effects on other aviation systems, spectrum users, or persons/property on the surface or in the air; any aviation accident; whether a TFR was granted or denied; any other harm, damage, or loss.

11 UNINTENDED CONSEQUENCES?

If yes, the agency must ALSO immediately notify the FBI and DHS by the most expedient means, in addition to this report (§ 124.13(d)).

☐ No ☐ Yes (immediate FBI/DHS notification made: date/time/means _____)

12 ISSUES, ANOMALIES, OR DEVIATIONS ENCOUNTERED

Part IV Summary Statistics

13a UAS detected (deduplicated)	13b Warnings issued	13c Mitigation actions	13d UAS seized / confiscated	13e Charges / citations / arrests

Part V Emergency Exception (if invoked)

§ 124.9(g). Complete only if mitigation occurred without advance coordination.

14 WHY ADVANCE COORDINATION WAS NOT FEASIBLE

Provide a specific explanation. The emergency exception may not be used as a routine alternative to advance coordination; a pattern of invocations may trigger compliance review.

15 REAL-TIME ATC NOTIFICATION MADE (RF MITIGATION)

☐ Yes (time _____) ☐ N/A (non-RF)

16 WITHIN-TWO-HOUR NOTIFICATIONS COMPLETED

☐ Yes (time _____) ☐ N/A

Part VI Submission

17 SUBMITTED BY (AGENCY)

Certification. I certify that this post-operation report is accurate and complete to the best of my knowledge and is submitted under 6 U.S.C. 124n(d)(2)(C)(i) and § 124.13 within the required timeframe.

NAME AND TITLE	SIGNATURE (MANUAL OR DIGITAL)	DATE

Paperwork Reduction Act Statement. This collection of information is authorized by 6 U.S.C. 124n. An agency's response is required to retain the benefit of exercising counter-UAS authority under 6 U.S.C. 124n(a)(2). The information is used to coordinate, deconflict, authorize, and oversee SLTT counter-UAS operations under 6 U.S.C. 124n(a)(2) and to support required reporting. Public reporting burden for this form is estimated to average 60 minutes per response, including the time to review instructions, gather the needed information, and complete and submit the form. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, to the Federal Bureau of Investigation, [insert office and address], and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Paperwork Reduction Project (OMB Control No. [____-____]). Notwithstanding any other provision of law, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.