

NAS Patuxent River Air Traffic Control UAS Authorization Request Form

1. CONTACT INFORMATION:

- a. Operators Full Name:
- b. Address:
- c. Phone Number:
- d. Email:

2. FLIGHT OPERATIONS:

- a. Date and Time of Operation:
- b. UAS Model:
- c. FAA Registration Number:
- d. Height of Operation:
- e. Location of Operation:
- f. Frequency being utilized:
- g. ADSB or Remote ID capable (if any specify which one):
- f. Reason for Operation:

NOTE

All requests must be completed 10 business days prior to your proposed operation. Any request that does not meet the timeline will be automatically denied.

EMAIL COMPLETED FORM TO: naspaxuascoordinator@us.navy.mil