****

**UAS PURCHASE APPROVAL FORM**

**Name:**       **Title:**

**Email address:**       **AES** **[ ]  CES** **[ ]**

**Department:**       **Official Station:**

**Department/Unit Head Name:**       **Email:**

**Remote Pilot Certificate Number:**       **Date of Issue (MM/DD/YY):**

**Purpose of the UAS:**

**Are there alternatives? Yes** **[ ]  No** **[ ]  If Yes, describe:**

**APPROVAL SIGNATURES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Unit Head Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center/Station Director (if applicable) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Vice-President Date

Once approved, file the original with the Dept./Unit Head and a copy to the requesting/responsible party.