



**FALSE RIVER
REGIONAL AIRPORT**

*P. O. Box 97
New Roads, LA 70760
225.638.3192*

Unmanned Aerial System Operation Form

Date: _____

Organization Name: _____

Organization Point of Contact (Name and Number): _____

Operator Name and Contact Number: _____

Operator Remote Pilot Certificate Number: _____

Date of Issue: _____

FAA Remote ID Number: _____

UAS Information (Manufacturer, Weight): _____

Nature of Operation: _____

Date of Operation: _____

Boundaries of Operation: _____

Please submit sketch/aerial depiction of proposed flight area.

Please fill this out and submit to Airport Director prior to conducting any UAS Operations. Failure to do so will result in immediate grounding of equipment until proper coordination has taken place. The False River Regional Airport reserves the right to restrict any operation that does not coordinate properly.