Return Completed Form To: Parking and Transportation 108 Sherman Street Deadwood, SD 57732



Questions Contact: Justin Lux (605) 578-2082 or justin@cityofdeadwood.com

APPLICATION FOR A DRONE PERMIT

Applicant:	Telephone:	
Remote Pilot Certificate #		
Address:	City:	ST:Zip:
Email Address:		
I am aware of the City of Deadw	rood Drone Ordinance by:	(Name of company owner/operator
Drone Liability Insurance		
Insurance Provider (Name of Bu	siness)	
Policy Number:	Expiration Date:	
Drone Mission Information		
Date:	Duration:	
Location(s):		
Nature or Purpose:		
I CERTIFY UNDER PENALTY OF PE BEST OF MY KNOWLEDGE, TRUE	ERJURY THAT THE STATEMENTS I HAV E AND CORRECT.	E MADE ON THIS FORM ARE, TO THE
Remote Pilot Signature:		Date:
CUT HERE		
a remote control Drone within t	he City limits of Deadwood. The appl n APPROVED / DENIED. This permit is	idwood in regards to the operation of ication to operate a drone within the valid fordates at
Authorized by:	Date:	