



5485 Airport Terminal Rd.  
Unit A  
Salisbury, MD 21804  
410.548.4827

[flySBYairport.com](http://flySBYairport.com)

# APPLICATION TO OPERATE UAV WITHIN 5 STATUTE MILES OF SBY AIRPORT

Please complete this form and e-mail it to the SBY Regional Airport Manager at [DVeatch@wicomicounty.org](mailto:DVeatch@wicomicounty.org) at least two weeks prior to your planned operation. Then, at the time you intend to launch your UAV within the SBY Airport airspace, contact the SBY Regional Airport Air Traffic Control Tower at 410-677-0459, advise them that your application was approved and provide this same information to them.

1. Where you will be operating (address and latitude/longitude) and the physical dimensions.

Address: \_\_\_\_\_ City: \_\_\_\_\_ MD

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Radius: \_\_\_\_\_ feet

2. The altitudes at which you will be flying (below 400 feet above ground level)

\_\_\_\_\_ feet AGL

3. What type of flying activity you will be doing?

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

4. The number of aircraft and a basic description of the aircraft?

Number: \_\_\_\_\_

Description: \_\_\_\_\_

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

5. When you will be flying and for how long?

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM (circle AM or PM)

6. Your name and a method of contacting you, e.g., cell phone number or radio frequency?

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**By making this application I certify that I meet the requirements of FAR Part 107.**

Typed Signature/Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ . Date: \_\_\_\_\_

**Further reference material:**

<https://www.faa.gov/uas/>

<http://knowbeforeyoufly.org/for-recreational-users/>

<https://www.aopa.org/go-fly/aircraft-and-ownership/drones/best-practices-for-flying-your-drone-near-an-airport#LegalFlight>