



Suffolk County Department of Parks, Recreation & Conservation  
 Mail Application to: P.O. Box 144, West Sayville, NY 11796  
 Phone: 631-854-4949  
 www.suffolkcountyny.gov/parks



**APPLICATION FOR UNMANNED FLYING AIRCRAFT**

**PARK(S) Requested**

**DATE(S) Requested**

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant \_\_\_\_\_ Green Key Card # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_ FAA# \_\_\_\_\_

Email \_\_\_\_\_

Arrival Time \_\_\_\_\_ A.M./P.M. Departure Time \_\_\_\_\_ A.M./P.M. (Parks Close at Dusk)

**SPECIAL REQUESTS/COMMENTS:** \_\_\_\_\_

This application is subject to the Terms and Conditions of the *Park Policy on Use of Unmanned Aerial Vehicles (UAV) in County Parks* and subsequent provisions and upon approval of this application by the Suffolk County Department of Parks. The County of Suffolk and/or the Suffolk County Department of Parks reserves the right to refuse your application request, or any portion thereof, for any reason. The applicant agrees the information provided above is accurate and acknowledges that he/she has read the rules as described in the attached *Park Policy on Use of Unmanned Aerial Vehicles (UAV) in County Parks* and the *Suffolk County Parks Rules and Regulations* and agrees to abide by said rules and payment schedules. The applicant agrees to indemnify and hold harmless the County of Suffolk, its officials, employees and agents from suits, actions, damages and cost of every nature and description resulting from the actions of the applicant. The applicant agrees to indemnify and hold harmless the County of Suffolk from any liability or action arising from any property owned by or in the care, custody and control of the applicant. My signature indicates that I make this application in good faith. I understand that upon approval in writing below by Suffolk County Department of Parks this agreement shall become binding and enforceable.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Office Use Only*

**UNMANNED AERIAL VEHICLE (UAV) PERMIT**

Name: \_\_\_\_\_ Green Key Card # \_\_\_\_\_

PARK APPROVED \_\_\_\_\_ DATE(S) APPROVED \_\_\_\_\_

AREA ASSIGNED \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ MO \_\_\_\_\_ Credit \_\_\_\_\_ Receipt # \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

PARKS DEPARTMENT APPROVAL \_\_\_\_\_

If not digitally signed Please Sign & Print Name