

Unmanned Aerial System Operations  
Right of Entry  
Exhibit "A"  
Right of Entry Request

**Requestor Information**

Full Legal Name:

Address:

Type of company: Sole Proprietorship    Partnership    LLC    Corporation    Other

State of incorporation or creation:

Person authorized to sign the Right of Entry:

Name:

Title:

Email:

Phone:

Sponsor (if Operator is not MPA department or MPA tenant):

**Flight Information**

MPA Facility or Facilities:

Location within Facility:

Description of what is being imaged:

Purpose of images:

Duration of flight:

Flight dates and times:

Pilot name or company:

Do all participants possess TWIC Cards?    YES    NO

If no, provide the name of Escort Company:

Additional Information:

**ATTACH ANY SUPPORTING DOCUMENTATION, INCLUDING FLIGHT PLAN,  
PILOT LICENSE, REGISTRATION IF AVAILABLE.**

Submit all documentation and Request Form at least TEN days prior to requested flight time  
to [MPAPropertyMngt@MarylandPorts.com](mailto:MPAPropertyMngt@MarylandPorts.com)