

Unmanned Aerial System Operations
Right of Entry Request Form
Exhibit A to ROE

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 ROE Document

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: _____

Please indicate term of ROE, which can be up to 3 years: _____

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.**

Submit all documentation and Request Form at least 3 weeks prior to requested flight time to
cgreenaway@marylandports.com.

NO FLIGHTS ARE APPROVED UNTIL THE ROE AGREEMENT IS FULLY EXECUTED.