Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Aviation Administration

Attention: Part 91 Waiver Team-AFS 751

800 Independence Ave, SW

Washington, DC 20591

**Reference: Public Aircraft/Public Safety Organization-91.113 Waiver**

To whom it may concern:

This letter is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [enter the official name of your organization] is a political subdivision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [enter the name of the state, District of Columbia, territory or possession of the United States, or Indian Tribal government] and meets the statutory definition of Public Aircraft in 49 USC 40102(a)(41) and also meets the statutory definition of Public Safety Organization in 49 USC 44806(e). In this section, ‘public safety organization means an entity that primarily engages in activities related to the safety and well-being of the general public, including law enforcement, fire departments, emergency medical services, and other organizations that protect and serve the public in matters of safety and security.’

We desire a Public Aircraft/Public Safety Organization 91.113 Waiver to support our public safety mission with sUAS under 14 CFR part 91. The PAO/PSO 91.113waiver checklist has been completed by the Responsible Person and is attached to the waiver application.

Some examples of public safety missions we typically conduct using drones include but are not limited to: \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_. [Provide examples of what your organization does with drones as part of your mission. Give examples of missions where you may need to operate BVLOS, OOP, and/or OOMV.] At times during these missions there are situations when we need to operate the UAS beyond visual line of sight of the remote pilot, and/or operate over human beings, and/or operate over moving vehicles with people inside for life safety or other public safety reasons. These situations may arise during the day or night.

Sincerely,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title: Responsible Person

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_