



JIFX 21-3 Experiment Coordination Calls

We are back!

Call Agenda

JIFX Team Introductions

What is JIFX?

Accepted Experiments

Additional Requirements

Future Meeting Agendas

Questions

JIFX Team Introductions

Dr. Ray Buettner, JIFX Director

Mike Richardson, JIFX Deputy Director

Ashley Hobson, Event Operations

Jonathan Coon, JIFX Tech & Data Management

Greg Arenas, Camp Roberts Site Manager

Dirk Hale, Camp Roberts Facilities

Aurelio Monarrez, Air Operations

Tadashi Morishita, Air Operations

Joe Lukefahr, JIFX Networks

NPS Safety Office

Joint Vulnerability Assessment Branch

Air Force Research Lab / COPERS

WHAT IS JIFX?

- An opportunity for NPS faculty, students, private companies, and academia to **experiment** with and **evaluate** new technologies related to the DoN and DoD in an **operational field environment**.
- Provides the operational community the opportunity to experiment with these technologies and better understand the **capabilities** that they may represent.

WHAT ISN'T JIFX?

Tradeshow
Conference
Sales Event
Demonstrations

CONNECTIVITY
STEAM & ARTS INTEGRATION
CONFERENCE
Presented by
edtechconnect.com

CONFERENCE DAY
SCHEDULE

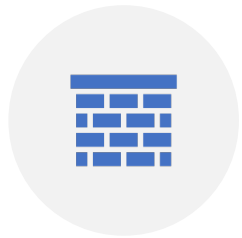
Classroom Educator Arts Educator Leaders & Administrators

SESSION TIME (EST)	TITLE	PRESENTER	AUDIENCE
10:00 AM Welcome and Key Information for the Day: Susan Riley			
10:10AM	How to Write and Illustrate Your Own Stories	Rachel Wrisenberg	CE
10:30AM	Dancing through STEAM	Elizabeth Peterson	CE
10:45AM	Artoria - More than Just a Gallery!	Donna Staten	CE
11:00AM BRAIN BREAK #1			
11:05AM	Patterns in Music, Dance and Mathematics	Marcia Daft	CE
11:35AM	Exploring the Creative Process with Dance	Dierdra Moore	CE
11:50AM	Experimenting with Color	Beth Ellison	CE
Partner Showcase: Art to Remember			
12:05PM			CE
12:20PM			CE
12:35PM BRAIN BREAK #2			
12:45PM	Building an Arts Magnet School	Bobby Riley & Judy Kima	CE & A
1:10PM	Put on Your Math Goggles: Seeing Math in Art	Robin Ward	CE
1:25PM	Design Brain-Friendly Learning Spaces	Erin Kain	CE
1:35PM BRAIN BREAK #3			
2:00PM	STEAM Shop: African Thumb Piano	Tim Gregory	CE
2:15PM	Pinterest in the Art Room	Donna Staten	CE
2:30PM	What's the Mood...Seeing...Theme?	Jennifer Kauffman	CE
2:40PM	Early Childhood Story Drama: Living Through the Eyes of the Protagonist	Victoria Brown	CE & A
3:00PM	Project Based Learning as a Means for Arts Integration	Brianne DeFrang	CE
3:15PM	Arts Integration with a KISS	Susan Riley	CE & A
3:35PM CLOSING AND GIVEAWAYS			

BIG SALE



FUNDAMENTAL TENANTS



AUSTERE BY
DESIGN



COLLABORATION
IS EXPECTED



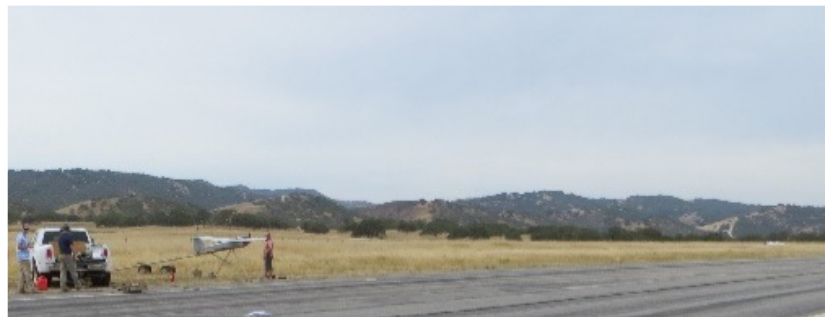
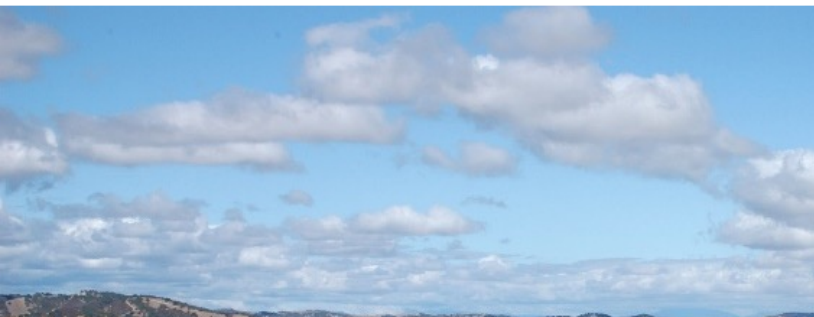
BOUNDED, NOT
CONTROLLED



DEVELOP NOW!



FAILURE =
LEARNING





APPROVED EXPERIMENTS

Experiment Number	Experiment Title:	Organization Name:
A-01	Skydio X2D SRR & AISUM Mission Testing	Skydio, Inc.
A-02	Lightweight-Low Cost Hyperspectral Sensor Integration to Support Urban Air Mobility Operations	Spectrabotics, LLC
A-03	Quantum Systems' Trinity F90+ BVLOS Mission	Insight Up Solutions
A-04	CATNIP	University of Nebraska - Lincoln
A-05	SMART CAM 3D	AFRL/RW
A-06	VTOL Landing Site Selection	DropDrone
A-07	PAPA (Gesture controlled drone operation for dismounted operators)	Pison
A-08	Aerial Automated Runway Inspection and Safety Scan (AARISS)	GreenSight
A-09	OWL - One Way Lifter	GreenSight
B-01	Multi-Institutional All Domain C2 for UXS	Naval Postgraduate School
B-02	AI for Small Unit Maneuver	Autonodyne LLC
B-03	Common Control for Unmanned Systems	Tomahawk Robotics
B-04	Vermeer: Augmented Reality UAS Mission planning	Aerocine Ventures inc
B-05	Baton - A Precision Delivery Device	Applewhite Aero, LLC

APPROVED EXPERIMENTS

Experiment Number	Experiment Title:	Organization Name:
B-06	Persistent Intelligence Surveillance and Reconnaissance (ISR), Communications Relay, Stand-Off Sensitive Site Exploitation in support of Electronic Warfare (EW) Operations and Targeting from tethered platform Capability	HoverFly Technology
B-08	Control of small UASs with Integration of Fused Augmented Realities (FAR), Intel/Surveillance/Reconnaissance (ISR) & Call For Fire (CFF)	VRR (dba VR Robotics & VR Rehab)
B-09	HellHive™ UAS Swarm Deployment	VRR (dba VR Robotics & VR Rehab)
D-01	Seamless Integration of HF/VHF/LTE/Satcom for Failover/Fallback Communications	NVIS Communications, LLC.
D-02	Terrestrial Point-to-Point 100 Gbps Optical Communication	BridgeComm, Inc.
D-03	Tactical Surveillance and Intelligence Automation at the edge	Gantz-Mountain Intelligence Automation Systems Inc.
D-04	Integration of Fused Augmented Realities (FAR), Intel/Surveillance/Reconnaissance (ISR) & Call For Fire (CFF) into a Mixed-Reality (MR) Visual Augmentation System	VRR (dba VR Robotics & VR Rehab)
E-01	Behavioral Observations Logging Toolkit (BOLT)	U.S. Army CCDC Data & Analysis Center Aberdeen Proving Ground, MD
E-02	GreenFish	QRC Technologies
G-01	Intelligent Human Motion (IHM) Trials	Yotta Navigation Corporation
J-01	AI/ML enabled High Performance Compute data center at the Tactical Edge.	TMGcore LLC
L-01	UAV-UGV Cargo Drop	DropDrone
A-12	Energetic sUAS Dynamic Firing	TETAC Incorporated
F-02	Cyber Unattended Ground Sensors	Innovative Algorithms

ADDITIONAL REQUIREMENTS: FLIGHT FORMS

- DD 2400
- DD 2401
- DD 2402
- Certificates of Insurance x2
- UAS Exemption Form
- RCC Questionnaire

DUE NEXT MONDAY

Submit via Email or File Upload Link

CIVIL AIRCRAFT CERTIFICATE OF INSURANCE <i>(To be completed only by the insurer or an authorized representative.)</i> <i>Please read Privacy Act Statement and Instructions on back before completing.</i>		1. TODAY'S DATE (YYYYMMDD)	OMB No. 0701-0050	
<small>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>				
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.				
2. INSURER		3. INSURED (User)		
a. NAME		a. NAME		
b. ADDRESS (Street, City, State and ZIP Code)		b. ADDRESS (Street, City, State and ZIP Code)		
4. AIRCRAFT POLICY DATA				
POLICY NUMBER(S) a.	EFFECTIVE DATE (YYYYMMDD) b.	EXPIRATION DATE (YYYYMMDD) c.	GEOGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.	AIRCRAFT REGISTRATION NUMBER(S) e.
5. AIRCRAFT LIABILITY COVERAGE				
AMOUNT OF INSURANCE FOR <i>(Must be stated in U.S. Dollars)</i>		BODILY INJURY a.	PROPERTY DAMAGE b.	PASSENGER c.
	(1) EACH PERSON			
	(2) EACH ACCIDENT			
6. SINGLE LIMIT <i>(If the aircraft are insured with a single limit of liability, the amount of the single limit must be equal to or greater than the combined amount of bodily injury, property damage, and passenger liability specified in applicable military regulations listed in NOTE 1 on back.) (Must be stated in U.S. Dollars.)</i>				
7. EXCESS LIABILITY <i>(If the aircraft are insured by a combination of primary and excess policies, the combined amounts of bodily injury, property damage, and passenger liability, respectively must be equal to or greater than those specified in applicable military regulations listed in NOTE 1 on reverse.) (NOTE: When this entry is completed, include primary policy numbers or amounts over which the excess applies. Show whether excess applies to bodily injury, property damage, or passenger liability.) (Must be stated in U.S. Dollars.)</i>				
8. PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)				
a. The insurer waives any right of subrogation the insurer may have against the United States by reason of any payment under the policy(ies) for damage or injury which might arise out of or in connection with the insured's use of any military installation or facility.		c. If the insurer cancels or reduces the amount of insurance afforded under the listed policy(ies), the insurer shall send written notice of the cancellations or reduction to the applicable address listed in NOTE 2 on reverse, by registered mail at least thirty days in advance of the effective date of cancellation; the policy must state that any cancellation or reduction will not be effective until at least thirty days after such notice is sent, regardless of the effective date specified therein.		
b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, Hold Harmless Agreement, which is incorporated herein by reference.		d. If the insured requests cancellation or reduction, the insurer shall notify the applicable addressee listed in NOTE 2 on reverse immediately upon receipt of such request.		
9. CERTIFICATION <i>(To be completed by Authorized Insurance Official)</i>				
I certify that insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer. This certificate is valid until the expiration date(s) shown in item 4 unless canceled or superseded in writing, in accordance with items 8c and d.				
a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE		b. SIGNATURE <i>(Blue Ink)</i>		
c. TITLE		d. TELEPHONE NUMBER <i>(Include Area Code)</i>		

DD 2400: Civil Aircraft Certificate of Insurance

Requires a signature from your Insurance Representative in Box 9b.

Signatures MUST be in Blue Ink.

CIVIL AIRCRAFT LANDING PERMIT		OMB No. 0701-0050														
<p>Read Privacy Act Statement on back before completing this form. If additional space is required, continue on back identifying by item number.</p>																
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>																
<p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.</p>																
<p>SECTION I - INFORMATION REQUIRED FROM USER</p>																
<p>Permission is requested to use the listed military airfield(s). It is understood and agreed that:</p>																
<p>a. Except for weather alternate use or emergencies, I or my agent will contact each installation commander at least 24 hours prior to each landing for final clearance instructions. The remarks section of the flight plan will include user name and permit identification number.</p>		<p>c. Commanders of military installations may restrict civil aircraft operations to preclude interference with military activities or to protect national security.</p>														
<p>b. When required, I or my agent will obtain diplomatic or overflight clearance when operating over international borders.</p>		<p>d. This permit does not necessarily entitle my aircraft to receive aviation fuel, oil, or other services from U.S. Government sources.</p>														
		<p>e. On-board personnel are not authorized activities except for purposes directly connected with this permit.</p>														
		<p>f. Use is limited to the listed aircraft, period indicated, purpose stated, and conditions shown, and is not transferable.</p>														
		<p>g. An approved copy of this permit must be aboard each aircraft using the military airfield.</p>														
<p>1. USER</p>		<p>2. NAME OF AIRFIELD(S) TO BE USED</p>														
<p>a. NAME</p>		<p>c. ADDRESS (Street, City, State, Zip Code)</p>														
<p>b. RELATIONSHIP TO PARENT ORGANIZATION (If any)</p>		<p>3. ARE PILOTS INSTRUMENT RATED AND CURRENT? (X one)</p>														
		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>														
<p>4. PURPOSE OF USE</p>																
<p>5. AIRCRAFT DATA</p>																
a. MANUFACTURE	b. MODEL	c. REGISTRATION NUMBER	d. CAPACITY		e. MAX GROSS TAKE-OFF WEIGHT (Pounds)	f. EQUIPMENT										
			(1) CREW	(2) PASSENGER		(1) TWO-WAY RADIO		(2) STROBE WARNING LIGHTS		(3) TRANSPONDER		(4) IFR CAPABILITIES				
						YES	NO	YES	NO	YES	NO	YES	NO			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. CERTIFICATION BY INDIVIDUAL OR AUTHORIZED COMPANY REPRESENTATIVE</p>																
<p>Applicant and agents have read, understand, and will comply with all pertinent parts of applicable regulations listed in Note 1 and local supplements, directives, and orders. Such compliance is an express condition of this permit. I certify that the information contained in this permit is true to the best of my knowledge and belief. As a corporate representative, I certify that I have authority to certify this information on behalf of the corporation and hereby designate the aircraft commander as our agent on all matters arising from the use of this permit.</p>																
<p>a. TYPED NAME (Last, First, Middle Initial)</p>		<p>b. TITLE</p>		<p>c. TELEPHONE NO. (Include Area Code)</p>		<p>d. SIGNATURE (Blue Ink)</p>				<p>e. DATE SIGNED (YYYYMMDD)</p>						

DD 2401: Civil Aircraft Landing Permit

Yes, this is required for UNMANNED systems

Signatures MUST be in Blue Ink

All Aircraft must be included on the DD2401

For Box 2, enter "McMillan Airfield, Camp Roberts"

For Box 4, enter "JIFX 2021 Events"

CIVIL AIRCRAFT HOLD HARMLESS AGREEMENT		OMB No. 0701-0050	
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>			
<p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.</p>			
<p>NOTE: THIS FORM DOES NOT CONSTITUTE A CIVIL AIRCRAFT LANDING PERMIT. Please read Privacy Act Statement and Instructions on back before completing this form. If additional space is required, continue on back.</p>			
<p>1. THE USER NAMED BELOW, IN CONSIDERATION OF PERMISSION GRANTED BY THE UNITED STATES ARMED FORCES UNDER PL 85-726, 49 USC SECTION 44502(d), TO USE MILITARY AIRFIELD FACILITIES, AGREES:</p>			
<p>a. The User releases forever the United States, its agencies, and United States personnel, from every liability arising out of the use of the military airfield, supplies, or services, by the User. The User will defend, pay or settle every claim or suit against the United States, its agencies, and United States personnel, by agents or employees of the User or persons claiming through them, or by third parties, and will hold the United States, its agencies, and United States personnel, harmless against every such claim or suit, including attorney fees, costs, and expenses, arising out of the use of the military airfield or military supplies or services, by the User.</p> <p>EXCEPTION: Death, injury, loss or damage to persons or property resulting solely from the willful misconduct of United States personnel; and, in addition, any liability from another contract concerning the use of the military airfield, supplies, or services shall not be affected by the Hold Harmless Agreement.</p> <p>b. The User will pay or settle every claim for death or injury to United States personnel, or for loss or damage to property of or under the control of the United States or United States personnel, arising out of the use of the military airfield or military supplies or services, by the User, unless the death, injury, loss, or damage results solely from the negligence or willful misconduct of United States personnel.</p>		<p>c. For the purposes of this agreement, the term "United States personnel" shall include:</p> <p>(1) Military personnel and civilian employees of the United States, including non-appropriated fund employees, acting within the scope of their employment, and</p> <p>(2) Heirs, successors, executors, administrators, and assigns of such employees.</p> <p>d. The User will comply with all pertinent parts of applicable military regulations listed in NOTE 1 and local supplements, directives, and orders, which are hereby incorporated into this agreement.</p> <p>e. This agreement replaces previous Hold Harmless Agreements, if any, by the same User, as of the date of this agreement. Termination by the User requires 60 days written notice to the military authority where the agreement was submitted.</p>	
NOTE 1	ARMY	NAVY	AIR FORCE
	AR 95-2 Can be viewed at: http://books.army.mil/cgi-bin/bookmgr/Shelves	32 CFR 766 Can be viewed at: http://calp.navfac.navy.mil	AFI 10-1001 Can be viewed at: http://afpubs.hq.af.mil
2. USER			
<p>a. CORPORATION (Name and address of divisions, subsidiaries, or companies of the parent organization named as user and for whom the user is legally liable should also be listed if this agreement is applicable to their use of military airfields.)</p>			
(1) TYPED COMPANY NAME(S)		(2) COMPANY ADDRESS(ES)	
b. INDIVIDUAL OR FIRST CORPORATE OFFICER			
(1) TYPED NAME (Last, First, Middle Initial)		(2) ADDRESS (If corporation, may state "Same as Above")	
(3) SIGNATURE (Blue Ink)		(4) TITLE (If corporate officer)	
3. VERIFICATION (Complete if the user is a company, corporation, etc.)			
I hereby verify that the signatory above holds the position indicated and is duly authorized to sign on behalf of the User.			
a. SECOND CORPORATE OFFICER			
(1) TYPED NAME (Last, First, Middle Initial)		(2) SIGNATURE (Blue Ink)	
(3) TITLE		4. DATE SIGNED (YYYYMMDD)	

DD 2402: Civil Aircraft Hold Harmless Agreement

Signatures **MUST** be in Blue Ink

The form must be signed by two people from your organization (box 2b and 3)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
[REDACTED]

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED]	CONTACT NAME: [REDACTED] PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]														
INSURED [REDACTED]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A [REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A [REDACTED]	[REDACTED]	INSURER B		INSURER C		INSURER D		INSURER E		INSURER F	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A [REDACTED]	[REDACTED]														
INSURER B															
INSURER C															
INSURER D															
INSURER E															
INSURER F															

Certificate of Liability Insurance

Each Org needs to submit 2 Certificates showing a limit greater than or equal to \$1,000,000

The certificates should list the following organizations as the certificate holder:

California Military Department

Attn: CAJS-SC-PC-CM

P.O. Box 269101

Sacramento, CA 95825

President, Naval Postgraduate School

Attn: Code21

Monterey, CA 93943-5000

COVERAGES CERTIFICATE NUMBER: [REDACTED] REVISION NUMBER: [REDACTED]

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL'ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	[REDACTED]	[REDACTED]	EACH OCCURRENCE	\$ [REDACTED]
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ [REDACTED]
						MED EXP (Any one person)	\$ [REDACTED]
						PERSONAL & ADV INJURY	\$ [REDACTED]
						GENERAL AGGREGATE	\$ [REDACTED]
						PRODUCTS - COMPIOP AGG	\$ [REDACTED]
							\$ [REDACTED]
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		[REDACTED]	[REDACTED]	[REDACTED]	COMBINED SINGLE LIMIT (Ea accident)	\$ [REDACTED]
						BODILY INJURY (Per person)	\$ [REDACTED]
						BODILY INJURY (Per accident)	\$ [REDACTED]
						PROPERTY DAMAGE (Per accident)	\$ [REDACTED]
							\$ [REDACTED]
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		[REDACTED]	[REDACTED]	[REDACTED]	EACH OCCURRENCE	\$ [REDACTED]
						AGGREGATE	\$ [REDACTED]
							\$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACC DENT	\$ [REDACTED]
						E.L. DISEASE - EA EMPLOYEE	\$ [REDACTED]
						E.L. DISEASE - POLICY LIMIT	\$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES [REDACTED] Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance.

CERTIFICATE HOLDER California Military Department Attn: CAJS-SC-PC-CM P.O. Box 269101 Sacramento, CA 95825	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE [REDACTED]
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The following questions will be used to pre-determine how effectively cyber security has been engineered into an Unmanned Aircraft System (UAS) which is (or contains) commercial off the shelf (COTS) (components) and in compliance with NDAA 2020 Section 863. It will also be used to determine the level of required mitigations to improve cyber resiliency. This questionnaire must be completed for each COTS UAS used for an event. For questions, please contact Bryan [Misitis](mailto:bryan.m.misis.ctr@navy.mil) at bryan.m.misis.ctr@navy.mil or 301-995-4898.

I. Requesting Organization:

- a. Agency Name:
- b. Reporting Custodian (per COMNAVAIRFORINST 3710.9):

II. UAS Info: (Please include a picture of the UAS)

- a. Manufacturer:
- b. Country of manufacturer:
- c. Model:
- d. **Number of UAS in inventory and / or planned to procure:**
- e. Payload:
- f. Flight Modes (In-Doors/Enclosure[net]/Manual [RC]/Tethered/Semi-Autonomous/Autonomous):
- g. AV Hardware Configuration version:
- h. AV Country of Manufacturer:
- i. AV Software Configuration version:
- j. AV Firmware source (country):
- k. Data links – if RF
 - i. Launch / Recover Type: Encryption type:
 - ii. C2 Type: Encryption type:
 - iii. Mission Type: Encryption type:
- l. GCS Hardware:
- m. GCS HW country of manufacturer:
- n. GCS Software:
- o. GCS Firmware source (country):
- p. GCS OS:
- q. GCS OS source (country):
- r. Flight Controllers country of manufacturer:
- s. Radio(s) country of manufacturer:
- t. Gimbal(s) country of manufacturer:
- u. Camera(s) country of manufacturer:

UAS Exemption Form

Required for each model of
UAS

DJI Product's will NOT be
approved

** Adapted from the White Sands Missile Range, Range Commanders Council, Range Safety Group Supplement to Doc. 323-99, April 2001.*

B.1. INTRODUCTION TO REVIEW QUESTIONS

Range Safety is tasked to identify potential hazards on the range and ensure safeguards are put in place to reduce risk to an acceptable level, consistent with existing local policy guidance. If the operational risks of a specific program exceed specified levels even after implementation of reasonable safeguards, a waiver decision is required from the local Range Commander.

This is a "living document" intended as a tool for Range Safety to evaluate new and ongoing UAV test programs. The document will help ensure the local range commander is fully advised and informed of all known risks. It also serves as a consistent approach to UAV program range safety reviews.

This appendix is focused on hazards that may result in the following consequences:

- UAV crashes which may result in death or injury, or damage to property.
- Failures that result in a fly-away condition of the UAS, resulting in the UAS leaving its assigned test area, or the Restricted Airspace R2504.
- Mid-air collision between UAV and manned aircraft causing death or injury to pilot, or damage to manned aircraft.

Each section provides questions, based on past experience and lessons learned from other programs, which focus on hazards and safeguards as outlined below:

Section B.2: UAV background information

Section B.3: Potential causes of vehicle loss of control that may result in a crash or flight into non-exclusive airspace.

Section B.4: Common safeguards and emergency procedures to prevent an uncontrolled crash off range or mid-air collision.

Section B.5: The midair collision hazard and system interaction with Air Traffic Control.

Successful completion of this review process will result in confidence that:

- Key system vulnerabilities have been identified
- Safeguards have been verified to exist for these system vulnerabilities
- Safeguards are adequate, and
- Deficiencies or inadequacies of the proposed safeguards have been recognized

RCC Questionnaire

Required for each model of UAS

ADDITIONAL REQUIREMENTS: FREQUENCY REQUESTS

DUE NEXT MONDAY



Naval Postgraduate School Field Laboratory
Frequency Request Authorization Worksheet



NOTE: One worksheet for each transmitter. For the following please explain in the 520. (1) If this is a transceiver. Explain uplink/downlink configuration pairing. (2) If the receive and transmit location is the same lat/long. (3) If you're transmitting from one location to another. (4) If you are transmitting to or from an aircraft in a radius of operation. (5) Any other coordination data that would assist in explaining need for frequency(s)

POC Name	POC Company/Unit and Phone Number
005 Security classification? If classified, contact our office for additional information and handling.	
110. The single transmit frequency needed from a specific band or multiple frequencies needed within a specific band, or a specific band. Provide which transmit frequencies is uplink and which transmit frequencies is downlink. Identify each frequency as F1, F2 etc. with its associated lat/long identified in 303.	
113. What is the station class i.e., fixed, mobile, portable, transportable?	
114. What is the bandwidth and type of transmission, e.g., AM, FM, etc.? (Emission Designator)	
115. What is the transmitter power?	
130. List the amount of daily use, e.g., 24 hours, night, day, and specified time/period (hours of operation).	
140. When do you require the frequency e.g. start date? yyyyymmdd	
141. How long do you require the frequency e.g. completion date?	
207. What is your unit/organization?	

FUTURE MEETINGS

APRIL 14:

Flight Forms & Frequency Checks
Camp Roberts Facilities Overview
Registration & Gate Access

APRIL 21:

Experiment Expo

APRIL 28:

Joint Vulnerability Assessment Branch (JVAB)
Shipping & Travel Logistics
Event Schedule

MAY 5:

Integrated Scenario
Air Operations & Safety
Registration & Gate Access

MAY 12:

TBD

MAY 19:

Final Coordination



Questions?