

City of Deadwood Special Event Permit Application and Facility Use Agreement for

Documentary Filming

Instructions:

To apply for a Special Event Permit, please read the Special Event Permit Application Instructions and then complete this application. Submit your application, including required attachments, no later than forty-five (45) days before your event. Facility Use Agreements should also be completed at this time (if applicable).

EVENT INFORMATION

Type of Event:

☐ Run
 ☐ Walk
 ☐ Bike Tour
 ☐ Bike Race
 ☐ Parade
 ☐ Concert
☐ Street Fair
 ☐ Triathlon
 ☒ Other

Event Title: Documentary Filming

Event Date(s): 22nd August 2023 Total Anticipated Attendance: 9
 (month, day, year)

(# of Participants _____ # of Spectators _____)

Actual Event Hours: (from): 1500 AM / PM (to): 1900 AM / PM

Location / Staging Area: Deadwood main street, reenactment areas

Set up/assembly/construction Date: 22nd Aug Start Time: _____ AM / PM

Please describe the scope of your setup / assembly work (specific details):

We are filming with 2x hand held cameras observing the reenactments performed in the town

Dismantle Date: 22nd Aug Completion time: 1900 AM / PM

List any street(s) requiring closure as a result of this event. Include **street name(s)**, **day**, **date** and **time** of closing and time of re-opening:

None

- Any request involving 25 or less motor vehicles will utilize Deadwood Street and will be barricaded at both ends of Deadwood Street.
- Any request involving 25-50 motor vehicles (not including motorcycles) - will park on the north side of Main Street, which will not require street closure.
- Any request involving 50 or more vehicles (which would require an entire street closure From Wall Street to Shine Street and security must be provided at Shine Street and Main Street and Wall Street and Main Street to direct traffic.
- Additional security maybe required at the discretion of the Event Committee.

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

☒ Commercial (for profit)
 ☐ Noncommercial (nonprofit)

Sponsoring Organization: Raw TV Ltd

Chief Officer of Organization (NAME): _____

Applicant (NAME): Matthew Dewdney Business Phone: (44) 7906546242

Address: 13-21 Curtain Road London London EC2A 3LT
 (city) (state) (zip code)

Daytime phone: (44) 7906546242 Evening Phone: (____) _____ Fax #: (____) _____

Please list any **professional event organizer** or **event service provider** hired by you that is authorized to work on your behalf to produce this event.

Name: _____

Address: _____ (city) _____ (state) _____ (zip code)

Contact person "on site" day of event or facility use Rachael Robertson Pager/Cell #: 214-908-1072

(Note): This person must be in attendance for the duration of the event and immediately available to city officials)

REQUIRED: Attach a written communication from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf.

FEES / PROCEEDS / REPORTING

- | NO | YES |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Is your organization a "Tax Exempt, nonprofit" organization? If YES , you must attach a copy of your IRS 501C Tax Exemption Letter to this Special Event Permit application (providing proof and certifying your current tax exempt, nonprofit status). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Are admission, entry, vendor or participant fees required? If YES , please explain the purpose and provide amount(s): |

OVERALL EVENT DESCRIPTION: ROUTE MAP / SITE DIAGRAM / SANITATION

Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

We will be filming the reenactment performances on the 22nd August. Filming walking shots with our expert visiting the town and looking through it's history and talking to camera.

We will not be closing any roads or blocking any streets or right of way.

We will have 3x SUV vehicles for transport only which will be parked in legal/public parking spaces.

We have 2x handheld cameras and 1x sound kit.

We will also be filming with a local prospector who performs in the reenactments.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO

☒

YES

☐

Does the event involve the sale or use of alcoholic beverages? If **YES**, please provide your liquor liability insurance information to the last page of this application.

☒☐

Will items or services be sold at the event? If **YES**, please describe:

NO

☒

YES

☐

Does this event involve a moving route of any kind along streets, sidewalks or highways? If **YES** attach a detailed map of your proposed route, indicating the direction of travel and provide written narrative to explain your route.

☒☐

Does this event involve a fixed venue site? If **YES**, attach a detailed site map showing all streets impacted by the event.

In addition to the route map required above, please attach a diagram showing the overall lay-out and set-up locations for the following items:

- Alcoholic and Non-alcoholic Concession and / or Beer Garden Areas.
- Food Concession and / or Food Preparation Area(s).
Please describe how food will be served at the event:

If you intend to cook food in the event area, please specify the method to be used:

☐ GAS ☐ ELECTRIC ☐ CHARCOAL ☐ OTHER (specify):

- First Aid Facilities and Ambulance locations.
- Tables and Chairs.
- Fencing, Barriers and / or Barricades.
- Generator Locations and / or Source of Electricity.
- Canopies or Tent Locations.
- Booths, Exhibits, Displays or Enclosures.
- Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.
- Vehicles and / or Trailers.
- Trash Containers and Dumpsters.

(NOTE): You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event, the area must be returned to a clean condition.

Number of trash cans: _____ Trash Containers w / lids: _____
Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility:

➤ Other Related Event Components not covered above.

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**:

We will have filming signs where applicable and also obtain release forms for any public filmed on the day. Our contributor will also announce our filming before the performance.

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

None

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

NO

YES

☒☐

Have you hired any Professional Security organization to handle security arrangements for this event? If **YES**, please list:

Security Organization: _____

Security Organization Address: _____

(city)

(state)

(zip code)

Security Director (Name): _____ Business phone: _____

☒☐

Is this a night event? If **YES**, please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators:

Please indicate what arrangements you have made for providing **First Aid Staffing** and **Equipment**?

Number _____ Ambulance(s) – How provided?

Number _____ Emergency Medical Technicians – How provided?

APPLICANT specifically acknowledges and agrees that it shall be solely responsible for any damage to personal property located in or stored in or upon DEADWOOD's property pursuant to the activity for which approval is being sought and that DEADWOOD shall not be responsible for any damage or loss to or of APPLICANT's property which results from any cause or reason with regard to personal property owned by APPLICANT stored or located on DEADWOOD's property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: MD

APPLICANT agrees to hold DEADWOOD harmless and indemnify DEADWOOD from any sums of money which DEADWOOD might have to pay to any person as a result of property damage, personal injury or death resulting from APPLICANT's use of the City property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: MD

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event:

None

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO YES

- ☒ ☐ Are there any **musical entertainment** features related to your event or facilities rental? If **YES**, please state the number of bands and type of music.

Number of Stages: _____ Number of Bands: _____

Type of Music: _____

- ☒ ☐ Will **sound amplification** be used?
If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

- ☒ ☐ Will **sound checks** be conducted prior to the event?
If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

Please describe the sound equipment that will be used for your event:

- ☒ ☐ Will any fireworks, rockets or other pyrotechnics be used? If **YES**, please attach a copy of your permit (issued by the State Fire Marshall's office) to this application.
- ☒ ☐ Will any signs, banners, decorations or special lighting be used? If **YES**, please describe:

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO YES



Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe:



Will there be any live media coverage during your event? If **YES**, please explain:



Applicant acknowledges and agrees to allow the City to publish the Contact Person and media referral telephone numbers on the internet in conjunction with the Calendar of Upcoming Events in the City of Deadwood. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage:

Refer all event public inquiries and / or media inquiries for this event to:

NAME: Matthew Dewdney PHONE: +447906546242

INSURANCE REQUIREMENTS

REQUIRED: Insurance for your event will be required before final permit approval.

Name of Insurance Company: AON/Albert G Ruben Co of NY, I Agent's Name: James Pedrick
Business Phone: 213 337 4356 Policy Number: CNA7503824 Policy Type: Liability
Address: 171 Madison Ave, Suite 401 NYC NY 10016
(city) (state) (zip code)

For final permit approval, you will need commercial general liability insurance that names "the City of Deadwood, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact the Finance Office at (605) 578-2600 – Fax # (605) 578-2084.

The City must be named as an "additional insured." Please obtain the required insurance and mail an original insurance certificate to: **City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.**

LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental.

Name of Insurance Company: _____ Agent's Name: _____

Business Phone: _____ Policy Number: _____ Policy Type: _____

Address: _____
(city) (state) (zip code)


Please obtain the required insurance and mail an original insurance certificate to: **City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.**

AFFIDAVIT OF APPLICANT

ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, notify the Deadwood Police Department. Otherwise, City personnel and equipment may be needlessly dispatched.

I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event and I understand that this application is made subject to the rules and regulations established by the City Commission of Deadwood. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Deadwood.

Name of Applicant (PRINT): MATTHEW DEWDNEY Title: Junior Production Manager

 Date: 08/17/2023
(Signature of Applicant / Sponsoring Organization) (Signature of Professional Event Organizer or Renter of City-owned Facilities)

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 have ADDITIONAL INSURED provisions or 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

Aon/Albert G. Ruben Co. of NY, Inc.
171 Madison Avenue, Suite 401
New York, NY 10016

Contact Name: James Pedrick
Phone: 212-337-4356

Jesse Brown
212-463-5587

Insurer's Affording Coverage

NAIC

INSURED

Raw Television Ltd
13-21 Curtain Road, 3rd Floor
London, Non US State EC2A 3LT

INSURER A: Great Divide Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY		X		CNA7503824	05/01/23	05/01/24	EACH OCCURRENCE	\$1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$1,000,000				
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV INJURY						\$1,000,000				
		GENERAL AGGREGATE						\$2,000,000				
		PRODUCTS – COMP/OP AGG						\$1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							MEDICAL EXPENSE	Excluded			
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>											
A	AUTO LIABILITY		X		CNA7503824	05/01/23	05/01/24	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)						\$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)						\$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)						\$				
	<input checked="" type="checkbox"/> AUTO PHYS. DAM. ** <input type="checkbox"/>	AUTO PHYSICAL DAMAGE						\$1,000,000				
A	<input checked="" type="checkbox"/> Umbrella Liab	<input checked="" type="checkbox"/> OCCUR	X		CUA7503825	05/01/23	05/01/24	EACH OCCURRENCE	\$5,000,000			
	<input type="checkbox"/> Excess Liab	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$5,000,000			
	<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/>								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							N/A	NOT COVERED HEREUNDER	WC Statutory Limits	Other	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. Each Accident		\$
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. Disease – EA Employee		\$
										E.L. Disease – Policy Limit		\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Discovery Communications - Discovery Channel - Gold Rush: United States of Gold

Certificate Holder is Additional Insured (by "Blanket" Endorsement) under General/Auto Liability but only with regard to claims arising from the negligence of Named Insured and as required by written contract. Certificate Holder is Loss Payee with regard to Production Package. All coverage is subject to terms and conditions of policies of insurance. This Certificate does not amend, extend or alter the coverage afforded by the policies above.

CERTIFICATE HOLDER

City of Deadwood, Finance Office,
102 Sherman Street, Deadwood, SD 57732

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

Aon/Albert G. Ruben Insurance Services, Inc.

Return Completed Form To:
Parking and Transportation
108 Sherman Street
Deadwood, SD 57732



Questions Contact:
Justin Lux
(605) 578-2082 or
justin@cityofdeadwood.com

APPLICATION FOR A DRONE PERMIT

Applicant: Matthew Dewdney Telephone: +447906546242

Remote Pilot Certificate # 2120-0021

Address: 13-21 Curtain Road City: London ST: UK Zip: EC2A3LT

Email Address: matthew.dewdney@raw.co.uk

I am aware of the City of Deadwood Drone Ordinance by: _____ (Name of company owner/operator)

Drone Liability Insurance

Insurance Provider (Name of Business) AON

Policy Number: CNA7503824 Expiration Date: 05/01/2024

Drone Mission Information

Date: 22nd August Duration: 2x 20mins

Location(s): Deadwood, SD

Nature or Purpose: Filming establishing shots of Deadwood to show the location we are filming in

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.


Remote Pilot Signature: Nigel Dupont Date: 08/17/2023

CUT HERE _____

Upon review of the applicant information provided to the City of Deadwood in regards to the operation of a remote control Drone within the City limits of Deadwood. The application to operate a drone within the city limits of Deadwood has been APPROVED / DENIED. This permit is valid for 8/22/23 dates at N/A location.

Authorized by: _____ Date: 8/18/23

8/31/2025

 U.S. Department of Transportation Federal Aviation Administration		<h2 style="margin: 0;">Remote Pilot Certificate and/or Rating Application</h2>	
I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying).			
Ratings		Other Information/Requests	
<input checked="" type="checkbox"/> Small Unmanned Aircraft System		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Recurrent <input type="checkbox"/> Other specify:	
A. Name (Last, First, Middle) DUPONT, NIGEL THOMAS LEE		B. SSN (US Only) NONE	C. Date of Birth 7/10/1967
D. Place of Birth (City and State) or (City and Country) LONDON UNITED KINGDOM			
E1. Residential Address (include City, State, Zip Code & Country) 6 HOCKERIDGE VIEW OAKWOOD, BERKHAMSTED HERTFORDSHIRE HP4 3NB UNITED KINGDOM		E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1)	
		F. Citizenship / Nationality <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other UNITED KINGDOM	
		G. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		H. Height (inches) 73	I. Weight (pounds) 206
		J. Hair Color GRAY	K. Eye Color BROWN
L. Do you read, speak, write, and understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		L1. If you answered "No" to question "L", are you unable to read, speak, write, or understand the English language due to medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
M. Do you hold, or have you ever held an FAA certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M1. Grade of Certificate	
		M2. Certificate Number	
		M3. Date Issued	
M4. If you hold a Pilot Certificate, have you accomplished a flight review in accordance with §61.56? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		M5. Date of Last §61.56 Flight Review or equivalent	
N. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Final Conviction: If you answered Yes, please explain:			
O. Have you ever been denied a remote pilot certificate for any reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:			
P. Do you have reason to know that you have a physical or mental condition that would interfere with the safe operation of a small unmanned aircraft system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:			
<input checked="" type="checkbox"/> A. Completion of Knowledge Test (attach knowledge test results with application)			
<input type="checkbox"/> B. Completion of Training Course (attach training course completion certificate with application)			
III. APPLICANT'S CERTIFICATION: I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form and have read and understand the Privacy Act statement that also accompanies this form.			
Signature of Applicant NIGEL THOMAS LEE DUPONT E-SIGN (SELF CERTIFIED)		Date 05/07/2023 07:42:49 PM	

Submitting Official's Report				
<input type="checkbox"/> I have personally reviewed this application and I certify that the individual meets the applicable requirements of 14 CFR Part 107 for the certificate or rating sought.				
<input type="checkbox"/> I have personally verified the applicant's identification.				
<input type="checkbox"/> I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.				
Applicant meets FAA Aviation English Language Proficiency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> Application Accepted <input checked="" type="checkbox"/> Temporary Certificate Issued <input type="checkbox"/> Application Rejected specify:				
Designated Examiner or Airman Certification Representative Signature				
Date	Examiner's Signature	Certificate Number	Designation Number	Designation Expires
Aviation Safety Inspector or Technician Signature				
Date	Inspector's Signature	Certificate Number	FAA Office Code	
Authorized Instructor Signature				
Date	Instructor's Signature	Certificate Number	Certificate Expires	
Attachments:		Airman's Identification(ID) (US Driver's License or passport recommended)		
<input checked="" type="checkbox"/> Knowledge Test Report		Form of ID PASSPORT UNITED KINGDOM		
<input type="checkbox"/> Training Course Completion Certificate		ID Number 554073262		
<input checked="" type="checkbox"/> Temporary Certificate		Expiration Date 12/24/2028		
<input type="checkbox"/> Other specify:		Telephone Number +44 7973 136715		
		Remarks		
		Applicant Information		
		Name DUPONT, NIGEL THOMAS LEE		
		Date of Birth 7/10/1967		
		Certificate Number PENDING		
		E-mail Address NIGELDUPONT@ME.COM		



Department of Transportation
Federal Aviation Administration

Airman Certificate and/or Rating Application

ADDITIONAL ADDRESS INFORMATION

Name (Last, First, Middle) DUPONT, NIGEL THOMAS LEE
Social Security Number NONE
Certificate Number PENDING
Date Issued 5/7/2023

Residential Address:**Mailing Address:**

Applicant requests the certificate be
SPECIAL MAILED to:

6 HOCKERIDGE VIEW
OAKWOOD, BERKHAMSTED
HERTFORDSHIRE HP4 3NB UNITED
KINGDOM

Map or Directions to Physical Residential Address:**Comments:**

Small UAS Certificate of Registration

Registered Owner: Nigel Dupont

UAS Manufacturer: DJI

UAS Model: Mavic 3 Cine

Serial Number: 1581F4QZB21B72AE00H9

Registration Number: FA33XAXPP4

Issued: 05/07/2023

Expires: 05/07/2026



This Small UAS Certificate of Registration is not an authorization to conduct flight operations with an unmanned aircraft. Operations must be conducted in accordance with applicable FAA requirements. The operator of the aircraft is responsible for knowing and understanding what those requirements are. For more information on flying requirements, please visit the FAA website at www.faa.gov/uas.

For U.S. citizens, permanent residents, and certain non-citizen U.S. corporations, this document constitutes a Certificate of Registration. For all others, this document represents a recognition of ownership.

Operators of unmanned aircraft must ensure they comply with the appropriate safety authority from the FAA and economic authority from the DOT.

i. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION – FEDERAL AVIATION ADMINISTRATION						iii. CERTIFICATE NO. PENDING	
ii. TEMPORARY AIRMAN CERTIFICATE							
THIS CERTIFIES THAT		iv. NIGEL THOMAS LEE DUPONT v. 6 HOCKERIDGE VIEW OAKWOOD, BERKHAMSTED HERTFORDSHIRE HP4 3NB UNITED KINGDOM					
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	vi. NATIONALITY	
7/10/1967	73 IN.	206	GRAY	BROWN	M	UNITED KINGDOM	
ix. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of REMOTE PILOT							
RATINGS AND LIMITATIONS xii. SMALL UNMANNED AIRCRAFT SYSTEM							
xiii.							
THIS IS <input checked="" type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE				DATE OF SUPERSEDED AIRMAN CERTIFICATE			
BY DIRECTION OF THE ADMINISTRATOR						EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.	
x. DATE OF ISSUANCE		xi. SIGNATURE OF EXAMINER OR INSPECTOR MANAGER, AIRMEN CERTIFICATION BR IACRA E-SIGNED APPLICATION				DATE DESIGNATION EXPIRES	
05/07/2023 07:42:49 PM							
FAA Form 8060-4 (8-79) USE PREVIOUS EDITION Application Number: 3759011 IACRA Equivalent							
<u>XIV. CONDITIONS OF ISSUANCE</u> This is an interim certificate issued subject to the approval of the Federal Aviation Administration pending the issuance of a certificate of greater duration. It becomes void – <ol style="list-style-type: none"> 1. Upon the receipt of a certificate of greater duration to replace it; 2. Upon a finding by the FAA that an error has been made in its issuance; 3. Upon a finding by the FAA that it was issued illegally or as the result of fraud or mis-representation; 4. Upon the refusal or failure by the holder to accomplish a flight check by a Flight Standards Inspector if so requested; and 5. In any case, at the expiration of 120 days from date of issuance. 							

