# PSURT UAS VISUAL OBSERVER Certification Form

* For detailed information about the qualification levels, see the *PSURT UAS Program Guide*.
* For detailed information about the course and testing procedures, see the relevant *PSURT Training Documents*.

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| **COURSE INFORMATION** |
| COURSE DATE |  | COURSE LOCATION |  |

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| **VISUAL OBSERVER INFORMATION** |
| VO NAME |  | DEPARTMENT / AGENCY |  |
| VO TITLE |  | EMAIL |  |

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| **INSTRUCTOR INFORMATION** |
| INSTRUCTOR NAME |  | DEPARTMENT / AGENCY |  |
| INSTRUCTOR TITLE |  | INSTRUCTOR EMAIL |  |

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 **INSTRUCTOR SIGNATURE VO SIGNATURE DATE**

**DEPARTMENT/AGENCY ENDORSEMENT**

*I certify that the above individual has successfully met all requirements for a PSURT Visual Observer, and may operate as a department/agency PSURT Visual Observer.*

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 **ENDORSING OFFICER NAME ENDORSING OFFICER SIGNATURE DATE**