Appendix B – Drone Certification Form

Recipient Name:

Drone ID	Manufacturer	Purchase Date	Purchase Price	Flight Hours	Valued Amount (FDLE Use Only)

On behalf of the Recipient, I acknowledge the following statements are true and correct:

1. The drones above are in working order and not at their end of life.
2. All flight hours above are accurate and estimated to the best of our ability.
3. Funds provided for the drones above will only be used for the purchase of an approved drone.
4. The following documentation has been submitted to OCJGSFA@fdle.state.fl.us:
    a. Documentation for the initial purchase of each relinquished, noncompliant drone above.
    b. Documentation required for Reimbursement OR Cash Advance for the new, compliant drone.

Signature: _____ **Date:** _____

Title: _____ **Phone:** _____

**** FDLE USE ONLY ****

FDLE Regional Operations Center:
I certify the drones listed above were received and verified on the date provided below.

_____ _____
Signature Date

Office of Criminal Justice Grants:
I certify the information above has been reviewed in comparison to the purchase documentation provided and the Recipient is eligible for the amounts in the valued amount column above.

_____ _____
Grant Manager Signature Date

The Recipient is eligible for reimbursement totaling _____ for the drones above.

_____ _____
Approval Signature Date