

APPLICATION FOR AIRCRAFT SPECIAL FLIGHT PERMIT

NAME OF OWNER/OPERATOR:		ADDRESS OF OWNER/OPERATOR:	
EMAIL:		TELEPHONE No.:	FAX NO.:
DESCRIPTION OF AIRCRAFT			
MAKE:		MODEL:	
MANUFACTURER'S SERIAL NO.:		REGISTRATION MARK:	
REASON FOR APPLICATION	<input type="checkbox"/>	FERRY FLIGHT FOR REPAIR, ALTERATION, MAINTENANCE OR STORAGE	
	<input type="checkbox"/>	DELIVERY OR EXPORTING	CUSTOMER DEMONSTRATION FLIGHTS
	<input type="checkbox"/>	PRODUCTION FLIGHT TESTING	OPERATION IN EXCESS OF MAXIMUM CERTIFIED TAKE OFF MASS
	<input type="checkbox"/>	EVACUATION FROM AREA OF IMPEDING DANDER	OTHER (SPECIFY)
DESCRIPTION OF FLIGHT			
FROM:		TO:	
VIA:	DEPARTURE DATE:	DURATION:	
CREW REQUIRED TO OPERATE THE FLIGHT			
<input type="checkbox"/> PILOT	<input type="checkbox"/> SIC	<input type="checkbox"/> FLIGHT ENGINEER	<input type="checkbox"/> OTHER (SPECIFY)
THE AIRCRAFT DOES NOT MEET APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:			
THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION:			
CERTIFICATION: I hereby certify that I am the registered owner (or his authorized agent) of the aircraft described above; and that the aircraft has been inspected and is safe for the flight described.			
_____	_____	_____	_____
(NAME OF APPLICANT)	(TITLE)	(SIGNATURE)	(DATE APPLIED)