

### Application for Special Flight Permit

1. Applicant	
- Name	
- Last Name	
- Address	
- Tel	
- Fax	
- E-mail	
2. Name of Organization or Person Who Can Be Contacted for Further Information Concerning This Application	
- Name	
- Last Name	
- Address	
- Tel	
- Fax	
- E-mail	
3. Purpose of the Flight	
<input type="checkbox"/> Ferry Flight	
<input type="checkbox"/> Flight Testing of New Aircraft	
<input type="checkbox"/> Flight Testing of Aircraft After Maintenance	
<input type="checkbox"/> Aircraft Evacuation	
<input type="checkbox"/> Relocating the Aircraft to A Base Where Maintenance is to Be Performed; Or to A Point of Storage	
<input type="checkbox"/> Other Reason (Please Specific)	

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4. Aircraft Detail	
- Model	
- Aircraft Category	
- Serial Number	
- Manufacturer	
- Registration Mark	
- C of A number and validity	
5. Proposed Itinerary	
6. Non-Compliance with Any Applicable Airworthiness or Maintenance Requirements  (Attach separate page(s) as necessary)	
7. Proposed Crew Member(s)	
8. Propose Operating Restrictions	
9. Pre-Flight inspection and fitness for flight certification will be performed by the following person	
- Full Name	
- AME License No.	
10. I hereby declare that I am the registered owner/possessor or owner's agent and I hereby certify that the information mentioned above is true and correct.	
- Full Name	
- Signature	
- Date	

## **APPLICATION FOR SEEKING EXEMPTION**

(In duplicate)

### **1. DETAILS OF APPLICANT**

- 1.1 Name of Applicant/ Organization.....
- 1.2 License/ Certificate/Approval Number .....
- 1.3 Full name of applicant (in capital letters) .....

### **2. DETAILS OF EXEMPTION SOUGHT**

2.1 Relevant provisions of the Air navigation Act or the Regulations for which exemption is sought: .....

2.2 The category under which exemption sought:

☐ TEMPORARY ☐ PERMANENT

2.3 Reasons why the exemption is needed (The reasons provided should be detailed and self-explanatory)

.....  
.....  
.....

2.4 Period for which exemption is required .....Days/Months

2.5 If the exemption will affect a particular kind of operation, the details thereof.....

.....

2.6 For temporary exemption, the action plan for rectification and review of noncompliance, including the mitigation measures adopted for ensuring the safety during the exemption period:

.....  
.....  
.....

2.7 For permanent exemption, the mitigation measures adopted to ensure safety of aircraft operation. Complete safety assessment report shall be enclosed:

.....  
.....  
.....

2.8 What factors were considered by the applicant in the determination of Public Interest?

a) .....

b) .....

c) .....

(If required additional page(s) may be included.)

Are conditions related to Public Interest required?

.....  
.....  
.....

2.9 What factors were considered by the applicant to ensure equivalent level of Safety? Identify criteria and formulate as conditions of the exemption:

- a) .....
- b) .....
- c) .....

(If required additional page(s) may be included.)

I hereby certify that the forgoing information is correct in every respect and no relevant information has been withheld. I also undertake the responsibility for annually reviewing the conditions or mitigation measures and any other resultant non-compliance in particular when any significant changes in the aerodrome activity and development are proposed.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

NAME.....  
(in capital letters)  
DATE.....  
POSITION HELD.....  
(with official seal)

Note:

- i) It is an offence to make any false representation with the intent to deceive, for the purpose of obtaining exemption
- ii) Application not completed in all respect and not accompanied with relevant enclosures is likely to be rejected.