

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	