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|  | **Form: AC-AWS004-1** |

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| APPLICATION FOR SPECIAL FLIGHT PERMIT | | | | | |
| 1) Details Of Aircraft Owner | | | | | |
| **a)Name of Owner:** | | | **b) Address of Owner:** | | |
| **2)Details of Applicant (if different from Above)** | | | | | |
| **a)Name of applicant** | | | **b)Address of Applicant:** | | |
| 3)Details of Aircraft | | | | | |
| **Make:** | **Model:** | | **Serial Number:** | | **Registration Marks:** |
| 4)Details of Proposed Flight : | | | | | |
| **a)Purpose Of The Flight::** | | | **b)Proposed Itinerary:** | | |  |
| 5)Details Of Crew Required To Operate The Aircraft | | | | | |
| **a)Name Pilot In Command:** | | **b) Licence type and Number:** | | **c)Relevant Rating(s):** | |
| **d)Name of Co-Pilot:** | | **e) Licence Number and Type** | | **f) Relevant Rating(s):** | |
| **g)Names of other Crew** | | **h) Licence/certificate Number and Type:** | | **i) Relevant Rating(s):** | |
| 6)Details Of Non-Compliance With Applicable Airworthiness Requirements | | | | | |
|  | | | | | |
| **7)Any Restriction The Applicant Considers Necessary For Safe Operation Of The Aircraft (*continue overleaf if required*)** | | | | | |
|  | | | | | |
| **8)Any Other Relevant For The Purpose CAA Prescribing Operating Limitations.** | | | | | |
|  | | | | | |
| **Name of Company Official: Signature: Date:** | | | | | |