

 <b>CAA</b> هيئة الطيران المدني	<b>APPLICATION FOR ISSUE OF SPECIAL FLIGHT PERMIT</b>	Form	AWR 046
		Edition	Original
	<b>Civil Aviation Authority- DGCAR</b>	Revision	3
		Date	1/09/2020

**1. Particular regarding the applicant**

1.1 Owner/Operator:  
 1.2 Address:

Phone	Fax	e-mail
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**2. Particular regarding the aircraft**

2.1 Aircraft Registration	2.2 Aircraft manufacturer	2.3 Aircraft model	2.4 Aircraft Serial number	2.5 Year of Construction
A40-				

**3. Purpose of Special Flight Permit:**

<input type="checkbox"/>	Ferry for Repairs, Maintenance, Storage etc	<input type="checkbox"/>	Evacuating Aircraft	<input type="checkbox"/>	Delivery Aircraft
<input type="checkbox"/>	Test Flight	<input type="checkbox"/>	In Excess of MTOW	<input type="checkbox"/>	Other Specify:

**4. Proposed Itinerary:**

**Flight information:**  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Place: \_\_\_\_\_

Period on which the special Flight Permit is requested

From: \_\_\_\_\_ To : \_\_\_\_\_ Proposed Departure date : \_\_\_\_\_

**5. Details of crew required to operate the aircraft:**

Name(s):	Licence and Rating(s):	Licence validity:

**6. Details of non-compliance to airworthiness requirements: (Attach supporting documents including damage assessment report if any)**

**7. Details of limitation/ restriction, the applicant considers necessary for safe operation of the aircraft:**

Engineering:  
 Operation:

**8. Proposed action to make the aircraft fit for special flight:**

**9. Any other information relevant to the flight for the purpose of prescribing Operating limitations**

**10. Statement of Operator/owner :**

Certified that the aircraft is capable of safe flight to the intended destination. The above particulars and full documents submitted in support of this application are true in every respect.

Name & Signature of CAM/Quality Manager:	Name & Signature of Chief of Operations:

**For CAA Use Only**

**NAME OF FLIGHT OPERATION INSPECTOR :**

Date:	Flight Operation Inspector proposal of decision and Signature:

**NAME OF AIRWORTHINESS INSPECTOR:**

Date:	Airworthiness Inspector proposal of decision and Signature: