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| --- | --- | --- | --- | --- |
| **Part A: Details of Owner** | | | | |
| Full Name of Aircraft Owner (as stated in the CoR): | |  | | |
| Aircraft Owner Address: |  | | | |
| Telephone Number |  | | E-mail Address |  |

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| **Part B: Details of Applicant** | | | |
| Name of Applicant |  | | |
| Address of Applicant |  | | |
| Telephone Number |  | E-mail Address |  |

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| **Part C: Aircraft Details** | | | | |
| Registration Marks  **DQ** - | Aircraft Manufacturer | Aircraft Type / Model | Serial Number | Year of Construction  Click or tap to enter a date. |

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| **Part D: Purpose of Special Flight Permit** (Attach Supporting Documents) | |
| Ferry for repairs, maintenance, storage, etc.  Test Flight  Delivery of New Aircraft | Evacuating aircraft ‘force majeure’  In excess of MTOW  Other (Specify) |

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| --- | --- | --- |
| **Part E: Proposed Itinerary** (Attach Supporting Documents) | | |
| Flight Details | From: | to |
| Period for which the Special Flight Permit is requested: | | From Click or tap to enter a date.  To Click or tap to enter a date. |
| Proposed Departure Date:Click or tap to enter a date. | |

|  |  |  |
| --- | --- | --- |
| **Part F: Details of Crew Required to Operate the Aircraft**(Attach Supporting Documents) | | |
| Name(s) | Licence and Rating(s) | Licence validity |
|  |  |  |

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| **Part G: Details of Non-compliance to airworthiness requirements** |
| (Attach Supporting Documents including damage assessment report if any) |

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| --- | --- |
| **Part H: Details of limitation/restriction, the applicant considers necessary for safe operation of the aircraft** | |
| Engineering |  |
| Flight Operations |  |

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| **Part I: Proposed Action to make the Aircraft Fit for Flight** |

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| **Part J: Any other information relevant to the flight for the purpose of prescribing operating limitations:** |

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| **Part K: Declaration** |
| “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 aspect”  Signatures:   |  |  |  | | --- | --- | --- | |  |  |  | | CHIEF ENGINEER | CHIEF OF FLIGHT OPERATIONS | QAM | |
| **CAAF USE ONLY – PAYMENT**  **‘For fees & chargers, please refer to current Civil Aviation Fees & Charges Regulation which can be obtained from Authority websites’.**   |  |  |  | | --- | --- | --- | | Amount Received: | Receipt No: | Date: Click or tap to enter a date. |   Signature: |