

## APPLICATION FOR ISSUE OF A SPECIAL FLIGHT PERMIT

### SECTION 1 AIRCRAFT DESCRIPTION AND LOCATION

Nationality and Registration Mark			
Manufacturer		Serial No.	
Model Designation		Year of Manufacture	
Maintenance Organization			

### SECTION 2 PURPOSE FOR SPECIAL FLIGHT PERMIT

- |   |  |
|---|--|
| <input type="checkbox"/> Ferry for Repairs, Maintenance, Storage etc. | <input type="checkbox"/> Evacuating Aircraft |
| <input type="checkbox"/> State of Emergency                           | <input type="checkbox"/> Search and Rescue   |
| <input type="checkbox"/> Delivery or Export                           | <input type="checkbox"/> In Excess of MTOW   |
| <input type="checkbox"/> Others (Please specify):                     |  |

*Note: See overleaf for other details required from applicant for the issue of the permit.*

### SECTION 3 POPOSED ITINERARY (Route) FOR PURPOSE

#### FLIGHT DETAILS

From ..... To .....

#### PERIOD FOR WHICH SPECIAL FLIGHT PERMIT REQUESTED

From ..... To ..... Proposed Departure Date: .....

### SECTION 4 OTHER DETAILS REQUIRED FROM THE APPLICANT

- (a) Crew required to operate aircraft and its equipment (eg. Pilot, Co-Pilot, Navigator etc.)  
.....
- (b) Ways, if any, in which aircraft does not comply with applicable Airworthiness Standards (eg. Major defects, damage, unapproved modifications, outstanding Airworthiness Directives etc.)  
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.....
- (c) Restrictions considered necessary by the applicant for safe operation of aircraft.  
.....
- (d) Other information (aircraft condition).
- (i) Has the Maintenance Release Expired?  Yes  No. If YES, for how long? ..... Hours  
Date: .....
- (ii) For what reason did the Maintenance Release Expired? .....
- (iii) When was the aircraft last flown? Date: .....
- (iv) When was the engine last run Date: .....
- (v) Has the engine(s) been maintained to manufacturer's procedures for inactive enging protection?  
 Yes  No If NO, supply details of alternate procedures.  
.....

*Note: Attach supporting documents if necessary for the above items.*

**SECTION 5 DETAILS OF APPLICANT**

Name of Applicant: .....

Business Address: .....

Telephone: ..... Fax: ..... Email: .....

Signature: ..... Designation: ..... Date: .....

*Note: The prescribed fees mentioned in KCASR, Part 27 must be paid.*

**SECTION 6 DGCA DELEGATE/AUTHORIZED PERSON (Directions & Restrictions)**

- (I)
- not valid for use in foreign airspace, to be validated by the foreign CAA whose airspace will be over flown;
  - a copy of the permit should be on board the aircraft at all times when operating under the terms of the permit;
  - the registration marks assigned to the aircraft by the State of Registry should be displayed on the aircraft in conformity with the requirements of that State;
  - persons or property should not be carried for compensation or hire;
  - no person should be carried in the aircraft unless that person is essential to the purpose of the flight and has been advised of the contents of the authorization and the airworthiness status of the aircraft;
  - the aircraft should be operated only by crew who are aware of the purpose of the flight and any limitations imposed, and who hold appropriate certificate or licenses acceptable to the Kuwait DGCA;
  - all flight should be conducted so as to avoid areas where flight might create hazardous exposure to persons or property;
  - all flight should be conducted within the performance operating limitations prescribed in the aircraft flight manual and any additional limitation specified by the Kuwait DGCA for the particular flight; and
  - Non commercial flight only.
  - Also adhere to any additional restrictions below:

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(II)

I am satisfied that the aircraft described above can reasonably be expected to be capable of safe flight, for the intended purpose, the issue of a Special Flight Permit to carry out a flight / flights during the period below.

From: ..... To ..... for the purpose requested

above. Directions and/or conditions apply (see overleaf).

Special Flight Permit No.: ..... Issue Date: ..... Expiry Date: .....

DGCA Delegate / Authorized Person

Name: ..... Designation: .....

Signature: ..... Date: .....