



APPLICATION FOR FLIGHT PERMIT

OWNER/OPERATOR INFORMATION			
NAME OF OPERATOR	ADDRESS	TELEPHONE NUMBER	EMAIL
AIRCRAFT IDENTIFICATION			
REGISTRATION NUMBER	MANUFACTURER AND MODEL	SERIAL NUMBER	CATEGORY
FLIGHT PERMIT REQUESTED			
<input type="checkbox"/> FERRY FLIGHT	<input type="checkbox"/> TEST FLIGHT	<input type="checkbox"/> FOREIGN VALIDATION	<input type="checkbox"/> IMPORTATION FLIGHT
<input type="checkbox"/> OTHER (STATE): _____			
FLIGHT DESCRIPTION			
FLIGHT FROM	VIA	TO	
PROPOSED DEPARTURE DATE (D-M-Y)		DURATION	
AIRCRAFT DOES NOT THE MEET APPLICABLE AIRWORTHINESS STANDARDS AS FOLLOWS:			
THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION:			



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Certification		
<p>I hereby certify that the aircraft described above is in a condition for safe operation and the enclosed fee of _____ is in accordance with the latest Scale of Charges and I agree to be responsible for the payment of any other charges relating to this application.</p> <p>(Check One):</p> <p><input type="checkbox"/> Registered Owner as shown on Certificate of Registration</p> <p><input type="checkbox"/> Owners Authorized Representative</p>		
SIGNATURE	NAME AND TITLE (PRINT)	DATE
FOR GCAA USE ONLY		
FEE		
Payment Receipt Number and Date: _____		
Inspector Signature & Stamp : _____ Date: _____		