



**CIVIL AVIATION SAFETY AND
SECURITY OVERSIGHT AGENCY**

CHECKLIST

CAA: CL-O-AWS047
June 2017

SPECIAL FLIGHT PERMIT EVALUATION CHECK LIST

Name of Owner/Operator:				
Address of Owner/Operator:				
Aircraft details	Make:			
	Model:			
	Serial No:			
Aircraft Reg.				
S=Requirements met U=Requirements not met N/C = Not Checked N/A = Not Applicable				
Item	Assessment			
	S	U	N/C	N/A
1. Details of Proposed Flight				
a) Purpose of the flight				
b) Proposed Itinerary				
2. Details of crew required to operate the aircraft				
a) Name of Pilot in command				
b) Name of Co-pilot				
c) Other crew to be on board				
3. Details of non-compliance with applicable Airworthiness requirements				
a) Has the Owner/Operator described the reasons why the aircraft is noncompliance with applicable airworthiness requirements				
b) Is there any restriction(s) the applicant considers necessary for the safe operation of the aircraft				
c) Any other information considered necessary by the Authority for the purpose of prescribing operating limitations.				
4. Documentation				
Has the Owner/Operator submitted the following documents				
a) A complete copy of Special flight application form including;				

i. Name of Authorised personnel				
ii. Signature and date				
b) A complete copy of certificate of fitness for flight				
c) A copy of special flight permit fee				
d) Any other information Authority may request e.g. Insurance, Pilot Licence				

Remarks:

Recommendations

Name of Inspector _____ Signature _____ Date _____
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