REPUBLICA DE MOÇAMBIQUE

AUTORIDADE REGULADORA DE AVIAÇÃO CIVIL DE MOÇAMBIQUE

Civil Aviation Authority

APPLICATION FOR THE ISSUING OF A SPECIAL FLIGHT PERMIT

1. AIRCRAFT DESCRIPTION & LOCATION

Nationality and Registration Marks: Type and Model designation:

Manufacturer/Builder: Country of manufacture/State of Design:

Date of manufacture: Type certificate:

Manufacturer's serial number: New or used:

Seating accommodation (including crew): Maximum certified mass:

Aircraft Location and Maintenance Organisation (if applicable):

2. PURPOSE FOR SPECIAL FLIGHT PERMIT (Please print or type and tick ❒ appropriate boxes)

- ☐ Ferry for Repairs, Maintenance, Storage etc.
- ☐ Testing after repairs, modifications, or maintenance
- ☐ Customer Demonstration Flight (new a/c)
- ☐ State of Emergency
- ☐ Delivery or Export
- ☐ Evacuating Aircraft
- ☐ Search and Rescue
- ☐ In Excess of MTOW
- ☐ Operation of any non type certified aircraft

3. PROPOSED ITINERARY

FLIGHT DETAILS

From _____ (place) To _____ (place)

PERIOD FOR WHICH SPECIAL FLIGHT PERMIT REQUESTED

From _____/_____/_____ To_____/_____/_____

Proposed Departure Date _____/_____/_____

4. DETAILS OF APPLICANT

Printed Name of Applicant:

Residential or Business Address:

Telephone : Fax :

Date: _____/_____/_____

_____

Signature of applicant

5. OTHER DETAILS REQUIRED FROM THE APPLICANT FOR THE ISSUE OF THE PERMIT

(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 (ADs), etc):

(c) Restrictions considered necessary by 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 expire?

(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 engine protection? ☐ Yes

☐ No

If "No", supply details of alternative procedures.

Note: Use attachments if necessary for above items.

6. TO BE COMPLETED BY PERSON AUTHORISING THE RELEASE

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

From _____ (place) To _____ (place) for the purpose requested above. Directions and/or conditions apply (see overleaf).

DIRECTIONS & CONDITIONS

The Special Flight Permit referred to overleaf is subject to directions and/or conditions described below.

_____
_____
_____
_____
_____
_____
_____

Licence or Authorisation No.

_____

Date ____/ ___ / ____

_____

Name and Signature