

## **INSTRUCTIONS for COMPLETING FLYING PERMIT APPLICATION**

(See below for Military Orientation Flights)

### **Post Advisor:**

Completes first page and checks on page two the **Type of Flight**. Turn in the Flying Permit Application and all attachments to your local Learning for Life office for approval and save a copy including all attachments.

### **Aircraft Owner and Insurance:**

Fills out page 2 information about **Aircraft and Insurance** (may reproduce page 2 locally as needed for additional aircraft owners).

- EAA Option: For EAA Young Eagle Flights, Aviation Explorer posts use the YOUNG EAGLES REGISTRATION and PARENT PERMISSION FORM. A Young Eagle Flight using aircraft with FAA SPECIAL Certificate of Airworthiness is covered by EAA liability insurance.

### **Pilot:**

Fill out the **pilot** information page 2 (may reproduce locally as needed for additional pilots). Attach a copy of both the pilot's current certificate and medical certificate. The pilot may white out any personal information that he or she considers confidential such as social security number, which is not required.

### **Parents:**

Read completely and fill out the **consent form** for parents (may reproduce locally as needed for each youth participant). The medical release and waiver of claims are the two parts of the parent consent form that will be of greatest interest to parents and the post Advisor.

### **Local Learning for Life Office Checklist:**

Review that all information requested—and listed below—has been provided on the flying permit application. Affix the council stamp at bottom of page 1, and return a copy of all pages to the post Advisor.

- A parent or guardian consent form for each youth participant is attached to this application.
- A copy of each pilot's certificate and medical certificate attached to this application. The pilot may white out any personal information that he or she considers confidential, such as social security number, which is not required.
- Pilot total hours required (250 hours for basic orientation flight and 500 hours for advanced orientation flight).
- Aircraft and insurance requirements listed on page 2 satisfied.

**MILITARY ORIENTATION FLIGHTS.** Commissioned officers and warrant officers of any armed service may act as pilot in command of a military airplane or helicopter in which they are current as the aircraft commander for either a basic or advanced orientation flight. Only the aircraft portion on page 2 identifying the aircraft as military and a parent or guardian consent form for each youth participant are required.



# Learning for Life Flying Permit Application

Retain in council office.

**This completed application must be submitted to the local Learning for Life office for approval two weeks before the scheduled activity.**

Post/Group No. \_\_\_\_ City or town \_\_\_\_\_ District \_\_\_\_\_

Applies for a permit for a \_\_\_\_\_ flight on \_\_\_\_\_  
Type of aircraft \_\_\_\_\_ Date \_\_\_\_\_

Name of airport where the flight will **both originate and terminate** \_\_\_\_\_

Total number of participating youth \_\_\_\_\_ Total number of participating adults \_\_\_\_\_

A parent or guardian consent form for each youth participant is attached to this application.

All required pilot documents (see page 2 of this application) are attached.

Aircraft and insurance requirements listed on page 2 of this application are satisfied.

Post Advisor name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Area code and number Area code and number

\_\_\_\_\_  
Signature of committee member

\_\_\_\_\_  
Signature of adult leader

\*\*\*\*\*

**For council use only: Complete and return a copy to the post.**

**Official Flying Permit**

**Learning for Life**

Local permit number \_\_\_\_\_

Date issued \_\_\_\_\_

**Council Address Stamp**

Not official unless council address stamp appears here.

# Flight Requirements

## Type of Flight (check one):

       **Basic Orientation flight.** This flight will be within 25 nautical miles of the departure airport, with no stops before returning. The pilot must have at least a private pilot's certificate, have at least 250 hours' total flight time, be current under FAR Part 61 to carry passengers, and have a current medical certificate issued under FAR Part 61.

       **Advanced Orientation flight.** This flight will be within 50 nautical miles of the departure airport, and the plane may land at other locations before returning to the original airport. The pilot must have at least a private pilot's certificate and 500 hours' total flight time, be current under FAR Part 61 to carry passengers, and have a current medical certificate issued under FAR Part 61. Only Explorers and Explorer leaders may participate in advanced orientation flights.

## Aircraft

Aircraft make and model \_\_\_\_\_

Only aircraft with an FAA Standard Certificate of Airworthiness are allowed. No experimental aircraft are allowed, whether youth or adult participants are flying.

Aircraft number \_\_\_\_\_ Date of last annual inspection \_\_\_\_\_

Owner \_\_\_\_\_

## Insurance

All aircraft to be used must carry at least \$1,000,000 aircraft liability insurance coverage, including passenger liability, with sublimits no less than \$250,000.

**EAA Young Eagle Flights.** The EAA will provide all Young Eagle Flight coordinators with an EAA policy number and expiration date for additional coverage over the owner's EAA-required policy level of \$100,000. This additional coverage will satisfy the Learning for Life \$1 million insurance requirement. The pilot must be a current EAA member. EAA insurance telephone number: 800-236-4800, ext. 4822.

EAA number: \_\_\_\_\_

List all insurance policies that, in combination, satisfy the \$1,000,000 insurance requirement:

Insurance company \_\_\_\_\_

Amount \$ \_\_\_\_\_ Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

Insurance company \_\_\_\_\_

Amount \$ \_\_\_\_\_ Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

Insurance company \_\_\_\_\_

Amount \$ \_\_\_\_\_ Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

## Pilot

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Area code and number Area code and number

Type of pilot certificate \_\_\_\_\_ (attach a copy of current pilot certificate)

Date of pilot medical certificate \_\_\_\_\_ (attach a copy of current medical certificate)

Pilot's total number of flight hours \_\_\_\_\_ (250 hours minimum)