Boy Scouts of America Flying Permit Application

(For a Pack Troop, Team, or Crew)

This completed application must be submitted to the local council service center for approval two weeks before the scheduled activity.

Unit 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 fro each youth	participant is attached to this application.
☐ All required pilot documents (see page 2 of this a	pplication) are attached.
☐ Aircraft and insurance requirements listed on pag	e 2 of this application are satisfied.
Unit Leader Name	Age
Address	
City	
	Home phone Area code and number
Signature of Unit Committee Chair	Signature of Unit Leader
*************	**************
For council use only; Complete	te and return a copy to the unit.
Official Flying Permit	Boy Scouts of America
Local permit number	·
Counci	il Stamp
Not official unless cour	ncil stamp appears here.

Flight Doquiroments

r iigni Kequirei	nents	
Type of Flight (ch	neck one):	
ing. The pilot must hav 61 to carry passengers,	e at least a private pilots' certificate	ical miles of the departure airport, with no stops before return, have at least 250 hours' total flight time, be current under FAR e issued under FAR 61. <u>Tiger Cubs, Cub Scouts, Boy Scouts,</u>
at other locations befor hours' total flight time,	e returning to the original airport. The current under FAR 61 to carry p	nautical miles of the departure airport, and the plane may land the pilot must have at least a private pilots' certificate and 500 assengers, and have a current medical certificate issued under pate in advanced orientation flights.
Aircraft		
Aircraft make and model		
Only aircraft with an FAA youth or adult participants		ess are allowed. No experimental aircraft are allowed, whether
Aircraft number Date of last annual inspection		
Owner		
All aircraft to be used must sub-limits no less than \$25		liability insurance coverage, including passenger liability, with
Insurance		
expircation date for additi	onal coverage over the owners' EAD or Life \$1 million insurance require	Eagle Flight coordinators with an EAA policy number and A-required policy level of \$100,000. This additional coverage ment. The pilot must be a current EAA member. EAA insurance
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 Code______

Area code and number

(attach a copy of current pilot certificate)

(250 hours minimum)

(attach a copy of current medical certificate)

Home phone ____

Area code and number

Type of pilot certificate _____

Pilots' total number of flight hours _____

Date of pilot mediccal certificate _____

Work phone_____