



U.S. Department
of Transportation

**Federal Aviation
Administration**

TO:
FAX:

Louisville Flight Standards District Office
Ormsby III, Suite 310
10200 Forest Green Blvd
Louisville, KY 40223
(502) 753-4200, Fax: (502) 753-4232

RETURN ATTENTION:

REQUEST FOR SPECIAL FLIGHT PERMIT

Fill all blanks / answer all questions

AIRCRAFT INFORMATION <i>AS SHOWN ON REGISTRATION CERTIFICATE</i>		
N _____	MAKE _____	MODEL _____
S/N _____	OWNER'S NAME _____	
OWNER'S ADDRESS _____ _____		

FLIGHT PERMIT INFORMATION		
Purpose for Special Flight Permit:		
<input type="checkbox"/>	Out of Annual.	Date of last Annual _____.
<input type="checkbox"/>	Other.	
	List Other _____	_____
	_____	_____
Has aircraft been in accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restrictions the applicant feels necessary for safe operation: _____ _____	
Aircraft damage:	<input type="checkbox"/> None	<input type="checkbox"/> Minor
	<input type="checkbox"/> Major	_____
REQUESTED ITINERARY		
_____	_____	_____
DEPART FROM	ENROUTE STOP OR DIRECT	DESTINATION

DEPARTURE DATE		REQUIRED CREW:
		<input type="checkbox"/> PILOT
		<input type="checkbox"/> OTHER _____
REQUESTER:		
<input type="checkbox"/> OWNER	TELEPHONE _____	
<input type="checkbox"/> AGENT FOR OWNER	FAX _____	
_____	_____	_____
Print Name	Signature	DATE

FAA USE ONLY		
CHECK FERRY FLIGHT LOG _____		FORM NUMBER AFS-CE17-004-F1
COMPLETE FAA FORM 8130-6 _____		REV. 5 (07/08/2007)