

**Boy Scouts of America**  
**FLYING PERMIT APPLICATION**

For orientation and Aviation merit badge flights  
(No flight training or general aviation flying permitted.)

Local Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

This application must be filed with local council service center 2 weeks in advance of scheduled activity for proper clearance.

\_\_\_\_\_ No. \_\_\_\_\_ Town \_\_\_\_\_ District \_\_\_\_\_  
Type of unit

\_\_\_\_\_ hereby applies for a permit and submits plans herewith  
for an airplane \_\_\_\_\_ flight on \_\_\_\_\_ 19 \_\_\_\_\_  
orientation, Aviation merit badge, other

Give airport name and location flight will originate and terminate: \_\_\_\_\_

Flight will include \_\_\_\_\_ youth and \_\_\_\_\_ adults. Have parent or guardian approvals been secured and attached to application? \_\_\_\_\_

Leader and unit committee member state that requirements and insurance coverages will meet the national requirements as listed on the reverse side of this application.

Leader's name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signed by member of unit committee Signed by leader

**RETAIN IN COUNCIL SERVICE CENTER**

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**COMPLETE AND RETURN TO UNIT**

**OFFICIAL FLYING PERMIT  
BOY SCOUTS OF AMERICA**

Permit Issued to \_\_\_\_\_ No. \_\_\_\_\_

Town \_\_\_\_\_

\_\_\_\_\_  
Name of leader Age

\_\_\_\_\_  
Address

Local permit No. _____
Date Issued _____
<b>Council Stamp</b>

Date of flight \_\_\_\_\_ Airport location \_\_\_\_\_

Total youth \_\_\_\_\_ Total adults \_\_\_\_\_

Council name and address \_\_\_\_\_

\_\_\_\_\_  
Signed for the council

## PILOT, PLANE, AND INSURANCE REQUIREMENTS

### Insurance requirements

Aircraft to be used must have \$500,000 aircraft liability or \$100,000 per seat aircraft liability.

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Plane

Must have FAA Certificate of Airworthiness and FAA-required servicing, maintenance, and inspection. Date of last 100-hour check: \_\_\_\_\_

### Pilot

Any private pilot or better with 200 hours flying time who has received check-out in the same make and model aircraft to be operated. (In the case of dual-engine aircraft, the pilot must have a multi-engine license with at least 25 hours flying in a similar aircraft.)

Name of pilot \_\_\_\_\_

Type of license \_\_\_\_\_  
Private or better required

Is your medical certificate current? \_\_\_\_\_  
(Attach a copy of your current medical certificate.)

Total flying time \_\_\_\_\_

### Activity

Special permit waiver required by FAA for this activity? \_\_\_\_\_

Is BSA charging a fee for flight? \_\_\_\_\_

## PARENT/GUARDIAN CONSENT FORM FOR BSA AVIATION FLIGHTS

I certify that I am the parent or legal guardian of the participant listed below, and I give my consent for him/her to participate in flight/flights listed. I understand that participation in aviation activities involves a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to hold the Boy Scouts of America, Inc. The Orange County Council, BSA, their agents and employees harmless for all personal injury which could result from participation in this flying program.

Date (s) of flight (s) \_\_\_\_\_

For Aviation Explorer Post Fly-Along Plan ONLY, enter dates for period that all flights will be covered. (Cannot exceed 12 months. Example: Sept. 1, 1994, thru Aug. 31, 1995.)

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name of Cub Scout, Boy Scout, or Explorer

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(If two Parents/Guardians, both need to sign.)