



# Aviation Safety

U.S. Department  
Of Transportation  
**Federal Aviation  
Administration**

Please select the State/Area where  
the aircraft is located.

## Instructions for completing Special Flight Permit ( FERRY PERMIT )

TO: Place either an Inspector's name if you know who you are sending this form to or  
 FAX: Place \_\_\_\_\_, for FAX or **email** if you are going to email this form or **leave blank**  
 RETURN ATTENTION: This is the requester's name the name of the person completing this form

### AIRCRAFT INFORMATION

N National Registration number  
 MAKE Aircraft make i.e. Cessna, Piper etc.  
 MODEL Example 152, 172, 550, PA28-201  
 S/N Aircraft serial number as found on the data plate  
 Owner's Name Name as identified on the aircraft registration.  
 Owner's Address Address as identified on the aircraft registration.  
 Purpose for Special Flight permit Check, Out of Annual and put the last annual inspection date or Check, Other and list the other reasons.  
 Has aircraft been in accident Yes or No one must be checked, if yes is checked list all restrictions that apply, preferably included documents from the aircraft manufacturer.  
 Aircraft damage None Minor major one must be checked, if other than None describe the damage, attach pictures if needed, or the FSDO may request pictures or drawings of the damaged area.

### REQUESTED ITINERARY

DEPART FROM Airport of departure, this can be in full name or airport ID  
 ENROUTE STOP or DIRECT This is either ENROUTE STOP and the airport location or airport ID include reason i.e. fuel or DIRECT  
 DESTINATION Where the aircraft will complete its flight, this can be in full name or airport ID  
 DEPARTURE DATE Date in which the aircraft is planning to relocate  
 REQUIRED CREW Check the Pilot only for a single pilot aircraft, Check both Pilot and Other if aircraft requires two pilots for operation and type Co-Pilot in the other  
 REQUESTER The name of the person completing this form also check Owner if you are the aircraft owner or Agent for Owner if you are completing this for the owner.  
 TELEPHONE The telephone number of the person requesting this Special Flight Permit  
 FAX The FAX number of the person requesting this Special Flight Permit  
 Notarized Letter If you are the Agent for Owner attach a Notarized letter from the owner authorizing Agent for Services and check the yes box.  
 Print Name Requesters Printed name  
 Signature This can be digitally signed if requester has the ability, Click on Checkbox for Digital Signature  
 Date Date request is made  
 Email address Insert email address for electronic correspondence.

Attach using the File Attachments button the following items:

- 1) Provide proof of the aircraft registration or application for the aircraft registration.
- 2) Provide proof of the Standard Airworthiness Certificate located in the aircraft.
- 3) Provide proof of the Notarized Letter from Owner Authorizing AGENT FOR OWNER

**Complete the attached FAA Form 8130-6, Application for U.S. Airworthiness Certificate (SFP Only) which can be found by selecting the File Attachments button.**

Once completed click the "**Click here to email this completed form to the FSDO**" Button to send form directly to the office email or Print the documents, FAX or mail to the address identified. -- **You must have an active email account open to send via email**

**NOTE: Once received, your package will be reviewed and an inspector will contact you which may take several days.**



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**Aviation Safety**

TO: _____
FAX: _____
RETURN ATTENTION: _____

**REQUEST FOR SPECIAL FLIGHT PERMIT**

*Fill all blanks / answer all questions*

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

<b>FLIGHT PERMIT INFORMATION</b>			
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
	_____		
<b>REQUESTED ITINERARY</b>			
_____	_____	_____	
DEPART FROM	ENROUTE STOP OR DIRECT	DESTINATION	
_____			
DEPARTURE DATE	REQUIRED CREW:		
	<input type="checkbox"/> PILOT		
	<input type="checkbox"/> OTHER _____		
<b>REQUESTER:</b>			
<input type="checkbox"/> OWNER	TELEPHONE _____		
<input type="checkbox"/> AGENT FOR OWNER	FAX _____		
Is Notarized Letter from Owner Authorizing AGENT FOR OWNER Attached: <input type="checkbox"/> Yes			
_____	_____	_____	
Print Name	Signature	DATE	
e-mail address: _____			

<b>FAA USE ONLY</b>	
CHECK FERRY FLIGHT LOG _____	FORM NUMBER AFS-CE17-004-F1
COMPLETE FAA FORM 8130-6 _____	REV. 14 (07/13/2018)