

## Non-Schedule Flight/ Special Flight Permission Assessment CHECKLIST

1.	Aircraft Charterer/ Contractor							
	Name of Charter	er						
	Business of Charterer							
	Address							
	A College							
	Telephone							
	Email							
2.	Aircraft Operator							
	Name of Operator							
	Address							
	Telephone							
	Email Email							
2								
3.	Aircraft Details							
	Aircraft Registration							
	Aircraft Type							
	Certificate of Registration (Provide copy)							
	Certificate of Airworthiness (Provide copy)							
	Certificate of Ins	urance (Provide o	сору)					
	Air Operator Certificate (Provide copy)							
	Operation Specifications (Provide copy)							
4.	Schedule							
	Date(s) Flight No. FROM ETD						ЕТА	
	Date(s)	Flight No.	FRO	IVI	EID	ТО	EIA	
_								
5.	Purpose of Flight							
6.	Flight Details							
	Number of Crew							
	Please provide copy of valid license and medical  Number of passengers  Please provide copy of the passenger manifest							
	Nature and amou							
	Please provide a copy of the cargo manifest  Dangerous Goods onboard							
	General Declaration (copy)							