



Boy Scouts of America

Flying Permit Application

(For a Pack, Troop, Team, or Crew)



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

Unit No.: _____ City or town: _____ District: _____

Applies for a permit for a Basic Advanced orientation Flight on: _____ Date _____

Basic orientation flight. This flight will be within 25 nautical miles of the departure airport, with no stops before returning. The pilot must have at least a private pilot's certificate, at least 250 hours' total flight time, be current under FAR 61 to carry passengers, and have a current medical certificate under FAR 61. *Tiger Cubs, Cub Scouts, Boy Scouts, and Varsity Scouts are restricted to this type of flight.*

Advanced orientation flight. This flight will be within 50 nautical miles of the departure airport, and the plane may land at other locations before returning. The pilot must have at least a private pilot's certificate and 500 hours' total flight time. The pilot must be current under FAR 61 to carry passengers and have a current medical certificate under FAR 61. *Only Venturers and Venturing leaders may participate in advanced orientation flights.*

Name of the airport where flight will originate and terminate: _____

Total number of participating youth: _____ Total number of participating adults: _____

- A tour permit as required is attached.
- A parent or guardian consent form for each youth participant is attached to this application.
- All required aircraft, insurance, and pilot documentation is satisfied.

1. The adult leader in charge of this group must be at least 21 years old.

Name: _____ Age: _____ Scouting position: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

As the tour leader, I certify that appropriate planning has been conducted, qualified trained supervision is in place, permissions are secured, and I have in my possession a copy of *Guide to Safe Scouting* and other appropriate resources. _____

Adult leader's signature

2. Assistant adult leader name (minimum age 18 or 21 for Venturing crews)

Name: _____ Age: _____ Scouting position: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Signature of unit committee chair

Signature of unit leader

For council use only: Complete and return a copy to the unit.

Official Flying Permit—Boy Scouts of America

Local permit number: _____ Date issued: _____

Council Stamp

Not official unless council stamp appears here.

Aircraft

Owner(s): _____ Date of last annual inspection: _____

Make and model: _____ Number: _____

Standard airworthiness certificate category (normal/utility/etc.): _____

Note: Only aircraft with standard airworthiness certificates may be used for orientation flights. Restricted, limited, light sport, and experimental category airworthiness certificates are not authorized.

Insurance

All aircraft owners must have at least \$1 million aircraft liability coverage, including passenger liability with sublimits of no less than \$100,000. List all insurance policies that in combination satisfy the insurance requirement.

Insurance company: _____

Amount: \$ _____ Policy number: _____ Expiration date: _____

Insurance company: _____

Amount: \$ _____ Policy number: _____ Expiration date: _____

Experimental Aircraft Association (EAA) Young Eagle Flights (ages 8–17): For those EAA members who choose to insure at \$100,000 per passenger seat, the EAA automatically provides an additional \$1 million liability umbrella policy with sublimits of no less than \$100,000. This coverage is in effect only while participating in Young Eagle Flights. The EAA's insurance telephone number is 800-236-4800, ext. 6106.

EAA member number: _____. **We strongly recommend that all orientation flights be conducted in collaboration with local EAA chapter Young Eagle Flights.** To find a local chapter, visit www.eaa.org/chapters/locator.

Pilot

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Type of pilot certificate: _____ (Attach a copy of current pilot certificate.)

Ratings: _____

Pilot medical certificate: First Second Third class (Attach a copy of current medical certificate.)

Medical valid until: _____ (date)

Limitations: _____

Pilot's total number of flight hours: _____ (250 hours minimum for basic orientation flights; 500 hours minimum for advanced orientation flights)

(Form revised December 2007.)



Notes and FAQs for Completing Flying Permit Application

Tour Leader

You are responsible for completing the tour permit and this application as required by the local council, obtaining parental consent for all participants, and gathering required insurance information and support material from the aircraft owner and pilot. Tour leaders are responsible for obtaining approval of both the unit committee chair and unit leader. Tour leaders must submit completed applications to the council at least two weeks in advance of the activity for local permits. Councils may require additional time for special activities, and unit leaders completing this application should plan accordingly.

Pilot, Aircraft Owner, and Insurance Information

Attach additional copies of this information for each aircraft that will be used, each pilot in command, and applicable insurance information. Pilot information must include copies of the pilot's current certificate and medical certificate.

Parents/Guardian

A consent form, No. 19-673, for each participant under 21 years of age must be completed by the youth's parent or guardian.

Local Council Office Checklist

Review that all requested information (listed below) has been provided on the application. Affix the council stamp at the bottom of page 1, and return a copy of all pages to the unit leader.

- Parent or guardian consent form for each youth participant attached to this application
- A copy of each pilot's certificate and medical certificate attached to this application
- Pilot total hours required (250 hours for basic orientation flights; 500 hours for advanced orientation flights)
- Aircraft and insurance requirements satisfied

FAQ

- Q:** My pilot certificate number is my Social Security number. May I strike through it or white it out on the required copy?
- A:** Yes. It is recognized that pilots who have not had their Social Security numbers removed from their pilot certificates may strike out the information.
- Q:** Our pilot only has the new sport pilot rating. Can he be a pilot in command of the orientation flight?
- A:** No. Sport pilot certificates are not authorized as no medical is required.
- Q:** Our unit has been offered an orientation flight by the U.S. military, but not all the information required on the application can be obtained. May we still conduct the orientation?
- A:** Commissioned officers and warrant officers of any armed service may act as pilot in command of a military airplane or helicopter in which they are current as the aircraft commander for either a basic or advanced orientation flight. Only the aircraft portion identifying the aircraft as military and a parent or guardian consent form for each youth participant are required.



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org/forms.

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)

From _____ to _____
(Date) (Date)

Without restrictions

Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact) _____

Email (for use in sharing more details about the trip or activity) _____

Contact the adult tour leader with any questions:

Name _____

Phone _____ Email _____