



# 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: February 20, 2010  
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: St. Louis Downtown Airport

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.