Boy Scouts of America
Flying Permit Application
(For a den, pack, team, troop, or crew)

Retain in council office.

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 ________________________ flight on ________________________
Type of aircraft ________________________ Date ________________________

Name of airport where the flight will both originate and terminate ________________________

Total number of participating youth ____________ Total number of participating adults ____________

☐ A parent or guardian consent form for each youth participant is attached to this application.

☐ All required pilot documents (see page 2 of this application) are attached.

☐ Aircraft and insurance requirements listed on page 2 of this application are satisfied.

Unit Leader Name ___________________________________________________________ Age _____________

Address ______________________________________________________________________________________
City ______________________________________________________ State ______ Zip______________

Work phone ________________________ Home phone ________________________ Area code and number ________________________

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.
Flight Requirements
Type of Flight (check one):

☐ 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, have at least 250 hours’ total flight time, be current under FAR 61 to carry passengers, and have a current medical certificate issued 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 to the original airport. The pilot must have at least a Private pilot’s certificate and 500 hours’ total flight time, be current under FAR 61 to carry passengers, and have a current medical certificate issued under FAR 61. Only Venturers and Venturing leaders may participate in advanced orientation flights.

Aircraft

Aircraft make and model ____________________________________________

Only aircraft with an FAA Standard Certificate of Airworthiness are allowed. No experimental aircraft are allowed, whether youth or adult participants are flying.

Aircraft number __________________________ Date of last annual inspection __________________________
Owner ______________________________________________________________________________________

Insurance

All aircraft to be used must carry at least $1,000,000 aircraft liability insurance coverage, including passenger liability, with no passenger sublimit.

EAA Young Eagle Flights. The Experimental Aircraft Association will provide all Young Eagle Flight coordinators with an EAA policy number and expiration date for additional coverage over the owner’s EAA-required policy level of $100,000. This additional coverage will satisfy the Boy Scouts of America $1 million insurance requirement. The pilot must be a current EAA member. EAA insurance telephone number: 800-236-4800 ext. 4822.

EAA number: ___ ___ ___ ___ ___ ___
List all insurance policies that, in combination, satisfy the $1,000,000 insurance requirement:

Insurance company ____________________________________________
Amount $_____________ Policy number ___________________ Expiration date __________________
Insurance company ____________________________________________
Amount $_____________ Policy number ___________________ Expiration date __________________
Insurance company ____________________________________________
Amount $_____________ Policy number ___________________ Expiration date __________________

Pilot

Name ____________________________________________ Age _____________
Address ______________________________________________________________________________________
City ____________________________________________ State ______ Zip___________
Work phone ____________________________ Home phone __________________________
Area code and number Area code and number
Type of pilot certificate ____________________________ (attach a copy of current pilot certificate)
Date of pilot medical certificate ____________________________ (attach a copy of current medical certificate)
Pilot’s total number of flight hours ____________________________ (250 hours minimum)