



## **LOW FLYING PERMISSION (LFP) APPLICATION**

Please complete the form in block capitals:

### **SECTION (1): APPLICANT DETAILS**

(a) Operator:	
(b) Name of Post Holder	
(c) AOC Number:	
(d) Address:	
(e) Postal Address (if different from above):	
(f) Contact details;	Phone No.:
	Mobile No.:
	Fax No.:
	E-mail

### **SECTION (2): DETAILS OF ATTACHMENTS**

All attachments to this submission shall be recorded in the table below. Failure to declare attachments will result in a submission being returned. Incorrect number of declared attachments being attached will result in submission being returned.

Note: Add more rows or continue on another sheet if necessary

<b>Attachment Number</b>	<b>Brief Description of Attachment</b>	<b>Initials Confirming Attachment</b>
Total Number of Attachments		



### SECTION (3): DETAILS OF LOW FLYING PERMISSION REQUEST

In order to process this request, please provide the following information and supporting documentation to Bahrain Civil Aviation Affairs. Failure to provide the required information will result in a delay in the issuance of the Low Flying Permission.

<b>3.1 PILOT INFORMATION</b> (For additional Pilots provide details on a separate sheet)	
Name:	
License (ATP etc.):	
State of Issue:	
License Number:	
Type ratings (If applicable):	
Medical Certificate No. & Class :	
Medical Certificate Expiry Date:	

<b>3.2 AIRCRAFT INFORMATION</b>	
Registration Mark:	
Aircraft Manufacturer:	
Aircraft Type:	
Aircraft Serial Number:	
Performance Class:	
Attach STC for Equipment (If applicable):	

<b>3.3 REMARKS</b>	

<b>3.4 PROPOSED LFP OPERATION</b>	
<b>Location:</b> provide co-ordinates of location or specific landmark references.	
<b>Time:</b> if the sortie is over several days give start date and end date	
<b>Minimum Heights:</b>	
<b>Minimum Lateral Distance:</b> from	



persons/vessels/vehicles/structures	
<b>Safety Risk Assessment:</b> if this is a repeat operations and SRA previously conducted attach that SRA	
<b>Control and Safety:</b> briefly describe how control and safety of persons/articles, etc. on the surface (third parties) will be managed.	

<b>3.4 ANNUAL LFP</b>	
<b>Annual LFP Required:</b> <i>(See Note 7)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION (4): NOTES**

1-This form is available as a Microsoft Word document to enable it to be filled in electronically and submitted by e-mail providing attachments can be transmitted likewise  
 2-This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink  
 3- Complete this form, providing as much information as possible. This will speed up the process of dealing with your request. Please ensure that you thoroughly understand the rules  
 4-The application shall be signed by the post holder making the request/application.  
 5- Fill out the Pilot Information section, Section 3.1 with the required data. Should you wish more than one pilot to fly the aircraft, the additional Pilot’s details must be provided on a separate sheet and attached with this application form  
 In the event of an annual LFP sortie (see Note 7) enter “Company Pilots as approved by..... (Enter name of company)”. This allows the use of crews employed by the applicant and approved to conduct LF sorties by flight operations at that company  
 6- Fill out the Aircraft Information section, Section 3.2 with the required data. If equipment approved under an STC for use in the aircraft is being employed as part of the sortie, a copy of the applicable STC shall be attached to the application  
 7- An LFP is normally issued for a fixed time period to cover the duration of the LF request however for known repeat requirements an operator may request an annual LFP in Section 3.4. Annual LFP could be used for repetitive events which an operator may be conduct over an annual period. The list is not exhaustive and the operator may request at his discretion for an annual LFP  
     Enter “YES or NO ” in the space provided,  
     Annual LFP’s when issued require the operator to email BCAA each time before an annual LFP sortie is conducted.  
 8- The application with all attachments is to be sent to BCAA.



**SECTION (5): SIGNATURE BLOCK**

Operator Declaration:

I hereby submit this application for a Permit to Fly in State and I confirm that I am satisfied this submission has been satisfactorily prepared and that I have checked the contents for accuracy.

**Post Holder Name:** ..... **Date:** .....

**Signature:** .....

Please note that a **minimum** of 30 working days will normally be required to check and confirm the information given above - if data is missing or omitted the process may take **considerably** longer or result in the submission being return to the operator for correction.

**SECTION (6): APPENDICES**

Attach any relevant tables or extra forms you need to support the application process. List the attachments in the table at SECTION (2);

<b>For BCAA use only</b>		
Flight Operation Inspector	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Comments, if any:		
Inspector Name	Signature	Date

**Chief of Flight Operations:**

I hereby  Accept  Not Accepted

This application for a Permit to Fly in State (                    ).



Comments, if any:

Name: .....

Signature: .....

Date.....

**Undersecretary of Civil Aviation Affairs**

Approved

Not Approved

Name: .....

Signature: .....

Date: .....