

SE-EMAR Form 18a

Flight Conditions for a Military Permit to Fly

Send to HKV FLYGI 107 85 Stockholm SWEDEN

Applicant			
Name of organisation providing the flight conditions and associated substantiations			Approval No.
Approval form No.		Issue (for traceability)	
SwAF Type	Aircraft manufacture	 e/type	Serial number
Purpose (Purpose in accordance with SE-EMAR 21.A.701)			
Aircraft configuration			
The above aircraft for which a military permit to fly is requested is defined in (add reference to the document(s) identifying that the aircraft the detailed configuration of the aircraft) [For change(s) affecting the initial approval from: description of change(s). This form must be re-issued]			
Substantiations [References to the document(s) justifying that the aircraft (as described under Aircraft configuration above) can perform the intended flight(s) safely under the			
defined conditions or restrictions.] [For change(s) affecting the initial approval form: reference(s) to additional substantiation(s). This form must be re-issued.]			
Conditions/Restrictions			
The above aircraft must be used with the following conditions or restrictions [Details of these conditions/restrictions, or reference to relevant document, including specific maintenance instructions and conditions to perform these instructions].			
Statement			
The determination of the flight conditions has been made in accordance with the relevant MDOA procedure agreed be the Authority. The aircraft as defined in Aircraft configuration above has no features and characteristics making it unsafe for the intended operation under the identified conditions and restrictions.			
Please cross (X) the option that applies. Note! Only one can be checked.			
Approved under the authority of MDOA ref.		Submitted under the authority of	MDOA ref.
(2-letter designation of country). xx.EMAR.21J.xxxx[when priv 21.A.263(c)(6) applies]	rilege of EMAR	(2-letter designation of country). xx-EMA 21.A.263(c)(6) MDOEs not apply]	
Signature			
Date of issue		Signature (Authorised signatory)	
Name			

Date

Authority approval

Authority approval and date (when privilege of EMAR 21.A.263(c)(6) MDOEs not apply)