



**REPUBLIC OF SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR MEL RECTIFICATION INTERVAL EXTENSION (RIE)*

This form is to be used by GA operators or AOC holders to request one-off permission to extend a Rectification Interval.

<b>1. OPERATOR DETAILS</b>			
Name of Operator:			
Coordinator:	Name:	Position:	
Coordinator contact details:	Tel:	Email:	
AOC (if applicable):			
<b>2. AIRCRAFT DETAILS</b>			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial No.:			
<b>3. MEL RECTIFICATION DETAILS</b>			
MEL item:			
Rectification Interval Category:	<input type="checkbox"/> Category B	<input type="checkbox"/> Category C	<input type="checkbox"/> Category D
Expiry date of Rectification interval:		Requested Rectification extension period:	
Details of the Defect:			
Reason why rectification not carried out and justification for extension:			
<b>4. APPLICANTS DECLARATION</b>			
I hereby declare that, to the best of my knowledge and belief, the information given in this application is true.			
Date:	Position in Company:		
Name of Applicant:	Signature of Applicant:		
<b>5. SUPPORTING DOCUMENTATION</b>			
<input type="checkbox"/> Current MMEL			
<input type="checkbox"/> Current MEL and applicable MEL item for one-off approval			

**FOR CAA USE ONLY**

**6A. OPERATIONS INSPECTOR RECOMMENDATION**

I recommend the extension for one-off approval with the following conditions (if any);

*Days (state validity period):*

Comments:

Date:

Designation No.:

Name:

Signature:

**6B. AIRWORTHINESS INSPECTOR RECOMMENDATION**

I recommend the extension for one-off approval with the following conditions (*if any*);

Comments:

Date:

Designation No.:

Name:

Signature:

**7. HOPS RECOMMENDATION**

Name:

Signature:

Date:

**8. DIRECTOR GENERAL APPROVAL**

Name:

Signature:

Date: